

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cole.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Vienna Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>0630 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Lo</u>	c. (Last) <u>Briggs</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan 7 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22-1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Briggs</u>	13b. MOTHER'S MAIDEN NAME <u>Melvinia Briggs</u>	14. NAME OF HUSBAND OR WIFE <u>Larissa Briggs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, if unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>J.P. French</u>	ADDRESS <u>Vienna Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uremia</u> DUE TO (c) <u>Prostatic hypertrophy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured L. Hip</u>		E9040 21	

19a. DATE OF OPERATION <u>12/31/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intracapsular fracture L. Hip</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vienna Marion Mo, 0630</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-16-53 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell inside house</u>
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22. I hereby certify that I attended the deceased from Dec. 17, 1953, to Jan. 7, 1954, that I last saw the deceased alive on Jan 7, 1954, and that death occurred at 6:22 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Michael Sr.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>1/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>Jan 9/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hughes Chapel Camp</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7-1954</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Birmingham</u>	ADDRESS <u>Vienna Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. B. Birmingham*.....

Licensed Embalmer No. *366*.....

P. O. Address *Sumner*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.