

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34504

FILED NOV 8 1955  
BIRTH NO. 12458910-55 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 307

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Randolph</b>   |  | c. CITY OR TOWN <b>Rural</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>38 Days</b>   |  | • STREET ADDRESS (If rural, give location) <b>Rural Elvins R.F.D. No. 1</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elvins R.F.D. No. 1</b>   |  |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Briley</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30, 1955</b>   |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>              | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>  | 8. DATE OF BIRTH <b>Sept. 16, 1955</b>  |
| 9. AGE (In years last birthday) <b>0</b>   |  | IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>  | IF UNDER 24 HRS. Hours <b></b> Min. <b></b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |  |   |
| 13a. FATHER'S NAME <b>Wm Herbert Briley</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Joyce Ann Wells</b>   | 14. NAME OF HUSBAND OR WIFE <b>Never married</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W. H. Briley Elvins, Mo. R.F.D. 1</b>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Yastis enteritis</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Prematurity</b><br>DUE TO (c) <b>5710</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |   |
| 21a. ACCIDENT-SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <b>Oct 29, 1955</b> , to <b>Oct 30, 1955</b> , that I last saw the deceased alive on <b>Oct 29, 1955</b> , and that death occurred at <b>6A</b> m., from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title) <b>C. H. Appleberry MD</b>  |  | 23b. ADDRESS <b>Flour River Mo</b>   | 23c. DATE SIGNED <b>11-1-55</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>10/31/55</b>                  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mitchel Cemetery</b>   | 24d. LOCATION (City, town, or county) (State) <b>St. Francois County, Mo.</b>   |
| DATE REC'D BY LOCAL REG. <b>Nov. 1, 1955</b>   | REGISTRAR'S SIGNATURE <b>Ester Rudloff</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bert L. Boyer Leadwood, Mo.</b>  |   |

(Licensed Embalmer Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 not Embalmed Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed William E Boyer .....

Licensed Embalmer No. 473

P. O. Address Leadwood .....

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.