

Health,
Welfare
Public
Service

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1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34763

STATE FILE NUMBER

FILED OCT 30 1956

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 366

X

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>New London</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Becky Thatcher Nursing Home</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>Paul Hugh Briscoe</u>				First <u>Paul</u> Middle <u>Hugh</u> Last <u>Briscoe</u>		4. DATE OF DEATH <u>October 21, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>January 15, 1880</u>	
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 country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>William Briscoe</u>				14. MOTHER'S MAIDEN NAME <u>Fanny Flowerree</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Fanny Briscoe</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Emboli</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Carcinoma of Maxillary of Sinus</u>				2 years	
		DUE TO (c) <u>160.X</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>9:30</u> Month <u>10</u> Day <u>21</u> Year <u>1956</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>9/24/1955</u> <u>24/55</u> <u>10/21/1956</u> and last saw her <u>him</u> alive on <u>10/21/1956</u> Death occurred at <u>9:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Reverend Lanning M.D.</u> (Degree or title)				22b. ADDRESS <u>B & L Building, Hannibal, Mo.</u>		22c. DATE SIGNED <u>10/23/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/23/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>	
24. FUNERAL DIRECTOR <u>W. J. Smith</u> ADDRESS <u>Hannibal Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>10-25-56</u>		26. REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke By W. J. Smith</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embolmer's Statement on Reverse Side)

RECEIVED OCT 29 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 29 1956

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 *John S. Ham*.....
Licensed Embalmer No..... 41

P. O. Address Hannibal M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.