

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D 2 42079

STATE FILE NUMBER

FILED JAN 2 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>624 Freeman St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>WALTER ELMER BRIGGS</u> First Middle Last			4. DATE OF DEATH <u>Dec-22-1956</u> Month Day Year		
5. SEX <u>M</u>	6. COLOR OR RACE <u>B</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>Sept-8-1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Macon Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>J. R. Briggs</u>			14. MOTHER'S MAIDEN NAME <u>D. K.</u>		
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-07-1385</u>	17. INFORMANT <u>Mrs Florence Briggs Brookfield Mo</u> Address		

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>Hypostatic pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>73 hrs.</u>
Conditions, if any, which gave rise to above cause (d), stating the underlying cause last.	DUE TO (b) <u>Cardiac decompensation (congestive failure)</u>		<u>5 yrs.</u>
	DUE TO (c) <u>Advanced age and generalized debility</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Advanced Anthracosis.</u>			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 Month, Day, Year 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>July 11/55</u> to <u>Dec. 22/56</u> and last saw <u>him</u> alive on <u>12/22/56</u>			
Death occurred at <u>8:59 p.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. White, D. O.</u>	22b. ADDRESS <u>Brookfield, Missouri</u>	22c. DATE SIGNED <u>12/24/56</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-26-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem Brookfield Mo</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>L. B. Blacklock Brookfield</u>	25. DATE RECD. BY LOCAL REG. <u>12-26-56</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 7-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *J. H. Blacklock*.....

Licensed Embalmer No. *22*

P. O. Address *Brookline*

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.