

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021219
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 65 Primary Registration District No. 5257 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MARCELINE 0210 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 1		d. STREET ADDRESS (If outside, give location) RFD, 1	
Length of stay in lb 27 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRENCH BRIGGS			4. DATE OF DEATH Month Day Year 6/19/1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/7/1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) ST. CATHERINE, MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THEODORE BRIGGS	13b. MOTHER'S MAIDEN NAME ETTA ALLEN	14. NAME OF HUSBAND OR WIFE EDNA BRIGGS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS EDNA BRIGGS MARCELINE, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypocordic Infarctus</i> DUE TO (b) <i>Brain Infarctus</i> DUE TO (c) <i>Arteriosclerotic Cardiovascular Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.)
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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
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21. I attended the deceased from 1952 to 1958 and last saw him alive on 6-15-1958 Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>James M Laughlin</i> (Degree or title)	22b. ADDRESS <i>Marceline Missouri</i>	22c. DATE SIGNED 6-20-58
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23a. BURIAL CREMATION, REMOVAL (Specify) B	23b. DATE 6/21/58	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET	23d. LOCATION (City, town, or county) (State) MARCELINE, MO
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24. FUNERAL DIRECTOR ADDRESS <i>James M Laughlin Marceline, MO</i>	25. DATE RECD. BY LOCAL REG. <i>June 30 - 1958</i>	26. REGISTRAR'S SIGNATURE <i>M. Boone-Howie Smith Deputy</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, necropsy only standard a necropsy certificate in lieu of. NO symptoms with. Be there. All diseases in Part I must be causally related.

SEP 26 1958

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 Gerald F Wads

Licensed Embalmer No. 4172

P. O. Address Brown

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.