

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040727
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 382

S. 300
y. 1-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0870
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp		Length of stay in 1b 2 dys	d. STREET ADDRESS (If outside, give location) RFD # 1 New London Mo.
3. NAME OF DECEASED (Type or print) First Middle Last Juliat Alice Briscoe			4. DATE OF DEATH Month Day Year Nov 17 58
5. SEX F	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 Mar 19 1877
9. AGE (In years, 1st birthday) 81		IF UNDER 1 YEAR Months 7 Days 28	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter Dimmitt	
13b. MOTHER'S MAIDEN NAME Elizabeth Glascock		14. NAME OF HUSBAND OR WIFE Richard P. Briscoe	
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 Mrs Chas. Loeterle Hannibal Mo.		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) Carcinoma of liver			INTERVAL BETWEEN ONSET AND DEATH 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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.) 1561	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 10-1-58 to 11-17-58 and last saw her alive on 11-17-58 Death occurred at 2:10AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. L. Crawford		22b. ADDRESS M. D. 100 N. Sixth, Hannibal, Mo.	
22c. DATE SIGNED 11-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 19 58	
23c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		23d. LOCATION (City, town, or county) (State) Hannibal Rall Missouri	
24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Mo.		25. DATE RECD. BY LOCAL REG. 11-20-58	
26. REGISTRAR'S SIGNATURE Dr. Em. Lucke By W. O. Fisher			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

RECEIVED NOV 26 1958
MARION CO. HEALTH DEPT.
DATE FILED NOV 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 *John S. Ward*

Licensed Embalmer No. *4540*
P. O. Address *Flammul*

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.