

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048661

FILED VS JAN 23 1961

149

1002

6533

STATE FILE NUMBER

DED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson City</u>		Length of stay in 1b <u>2 yrs.</u>		c. CITY OR TOWN <u>Jackson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>512 Woodland</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Leonard</u> Middle <u>Morgan</u> Last <u>Briley</u>				4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>60</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/22/1878</u>		9. AGE (last birthday) <u>82 yrs.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>car inspector</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.R.</u>				11. BIRTHPLACE (City and state or country) <u>Lamar, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Marcus Briley</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Sudie May Briley(dec.)</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>708-10-9418</u>		17. INFORMANT Address <u>Vance Briley 2059 N.27th K.C.K.</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>Arteriosclerosis</u>										INTERVAL BETWEEN ONSET AND DEATH			
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) <u>Fr. Neck Left Femur</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		20b. SUICIDE <input type="checkbox"/>		20c. HOMICIDE <input type="checkbox"/>		20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Patient allegedly,</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <u>12-16-1960</u>		<u>fell at NURSING HOME. approx 3 weeks ago</u>				COUNTY _____ STATE _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>12-16-1960</u> to <u>12-27-1960</u> and last saw him alive on <u>12-27-1960</u> Death occurred at <u>5:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>2400 Perry City</u>				22c. DATE SIGNED <u>12/27/1960</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/29/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Memo. Gds.</u>				23d. LOCATION (City, town, or county) <u>Wyandotte Co. Ks.</u>					
24. FUNERAL DIRECTOR <u>Geo. F. Porter & Sons</u> ADDRESS <u>K.C.Ks.</u>				25. DATE RECD. BY LOCAL REG. <u>12-28-60</u>				26. REGISTRAR'S SIGNATURE <u>H-E. Dwyer</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard L. Pate

Licensed Embalmer No. 3751

P. O. Address 19th & Minn
Kansas City

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