

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026076

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 37

STATE FILE NUMBER

AMENDED

FILED AUG 9 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

| | | | | | |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Morgan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles | | Length of stay in 1b 7 years | c. CITY OR TOWN Versailles | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwell Rest Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Kidwell Rest Home | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Anna Melinda Briggs | | | 4. DATE OF DEATH Month Day Year August, 2nd, 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/8/86 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Tipton, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME C. A. Petty | | 13b. MOTHER'S MAIDEN NAME Martha Bright | | 14. NAME OF HUSBAND OR WIFE Stephen Briggs | |
| 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. None | | 17. INFORMANT Address Mrs. James Schroder (Daughter) Syracuse, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cerebral Thrombosis | | | | | 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis | | | | | Known 40 yrs. |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | 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"/> | SUICIDE <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 a.m. p.m. | Month, Day, Year | | | | |
| 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 1957 to Aug 2, 1961 and last saw her Aug 2 1961 alive on Aug 2 1961 Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Jack Gunn MD | | 22b. ADDRESS Versailles, Mo. | | 22c. DATE SIGNED 8.3.61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Aug. 4, 1961 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | | 23d. LOCATION (City, town, or county) (State) Tipton, Missouri | |
| 24. FUNERAL DIRECTOR Jewell E. Richards--Tipton, Missouri | | 25. DATE RECD. BY LOCAL REG. 8-4-61 | | 26. REGISTRAR'S SIGNATURE J. L. Washburn | |

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,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James E. Richard

Licensed Embalmer No. 2466

P. O. Address Jipster, MO

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.