

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-037626

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 38J Primary Registration District No. 8099 Registrar's No. 76

AMENDED

FILED OCT 31 1961

| | | | |
|--|---|---|---|
| 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>MARCELINE</u> | | c. CITY OR TOWN <u>MARCELINE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 E. SANTE FE</u> | | d. STREET ADDRESS (If outside, give location) <u>510 E. SANTE FE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CARRIE MAY BRIGGS</u> | | | 4. DATE OF DEATH Month Day Year <u>Oct 26 1961</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</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>3-27-1899</u> |
| 9. AGE (last birthday) <u>62</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (City and state or country) <u>MENDON Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>WM. LITRELL</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>LULA FOREST</u> | | 14. NAME OF HUSBAND OR WIFE <u>VERNON BRIGGS</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>NO</u> | 17. INFORMANT Address <u>VERNON BRIGGS MARCELINE Mo.</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>Coronary Thrombosis</u> DUE TO (b) <u>Infarction</u> DUE TO (c) <u>Arteriosclerosis of Cardio Vase Dis.</u> 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 | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 a.m. p.m. Month, Day, Year | | 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>1950</u> to <u>1961</u> and last saw her/him alive on <u>7:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John H. Miller</u> | | 22b. ADDRESS <u>Marceline, Mo. 64654</u> | |
| 22c. DATE SIGNED <u>10-27-61</u> | | 23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 23b. DATE <u>10-28-61</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>MARCELINE Mo.</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Miller-Tilgson MARCELINE Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>10-27-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Anna Watson</u> | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

MAR 21 1962

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 Silberson K. Tillat

Licensed Embalmer No. 4508

P. O. Address Masselin

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.