

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042019

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 260

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY, Mo.</u>		c. CITY OR TOWN <u>MOBERLY, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOODLAND Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 3</u>	

3. NAME OF DECEASED (Type or print) First <u>LOWELL</u> Middle <u>BRISCOE</u> Last <u>BRISCOE</u>			4. DATE OF DEATH Month <u>11</u> - Day <u>8</u> - Year <u>1961</u>		
5. SEX <u>MALE</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>6-20-1896</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Ash - Mo. -</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.P.</u>	
13a. FATHER'S NAME <u>B. E. BRISCOE</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA Todd</u>		14. NAME OF HUSBAND OR WIFE <u>MARY HEINBURGER BRISCOE</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> </u>		17. INFORMANT <u>Mary H. Briscoe</u> Address <u>Moberly, 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>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	
DUE TO (b) <u>Wid Bld Transfusion reaction</u>		DUE TO (c) <u>2d. hemorrhage due to Portal Cirrhosis</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	

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 <u> </u> a.m. <u> </u> p.m. <u> </u>		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 <u> </u>	COUNTY <u> </u>	STATE <u> </u>
21. I attended the deceased from <u>11:20</u> <u>8/15/61</u> to <u>11/8/61</u> and last saw her/him alive on <u>11/8/61</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Robert Mason M.D.</u> (Degree or title)		22b. ADDRESS <u>121 Swans</u>		22c. DATE SIGNED <u>11/19/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/12/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET-ME M. GARDENS</u>	

24. FUNERAL DIRECTOR <u>MARION E. MILLION - Moberly, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-10-61</u>		26. REGISTRAR'S SIGNATURE <u> </u>	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 27 1967

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

Marion E. Millier

Licensed Embalmer No. 3957

P. O. Address Moherly, Va

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.