

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005124

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **37** Primary Registration District No. **3005** Registrar's No. **41**

FILED FEB 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Length of stay in 1b One Day	c. CITY OR TOWN Harrisonville R.F.D.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Harrisonville R.F.D.
3. NAME OF DECEASED (Type or print) First Riley Middle Clyde Last Briggs		4. DATE OF DEATH Month February Day 15 Year 1963	
5. SEX Male	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 9-13-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Cedar Co. Mo.	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME Jackson Briggs		14. NAME OF HUSBAND OR WIFE Jessie Lea Briggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Jessie Lea Briggs, R.F.D.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) General vascular accident			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral arteriosclerosis	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) None	
20c. TIME OF INJURY Hour None s.m. p.m.	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.) None		20f. CITY, TOWN, OR LOCATION Butler, Mo.	
21. I attended the deceased from 2-14-63 to 2-15-63 and last saw <input checked="" type="checkbox"/> her <input type="checkbox"/> him alive on 2-14-63 Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas Howard		22b. ADDRESS Butler, Mo.	22c. DATE SIGNED 2-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-18-63	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Gardens Kansas City, Mo.	
24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.		25. DATE RECD. BY LOCAL REG. 2-18-63	26. REGISTRAR'S SIGNATURE Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 27 1963

MAR 15 1963

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 *Islande Sif*

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.