

STANDARD CERTIFICATE OF DEATH

Registration District No. 251

Primary Registration District No. 3048

State File No. \_\_\_\_\_

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sons Home, 1009 N. Fillmore /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1009 N. Fillmore  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charley Henry Briley

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Rilla Briley (Deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 24, 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nodaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jesse Briley  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Briley  
(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 10/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Mo. Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home  
(b) Address Maryville, Missouri

19. (a) Oct 9 - 46 (b) Beas Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th  
year 1946 hour 5:25 minute \_\_\_\_\_ P.M.

I hereby certify that I attended the deceased from Sept 11 - 1946  
to Oct 7 - 1946 and that I last saw him alive on October 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Splenic Infarction Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Similar to Complete Blindness  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 747

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury) \_\_\_\_\_

23. Signature Chas J Bell (M. D. \_\_\_\_\_)  
Address Maryville, Mo. Date signed 10/18/46

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Clayton M Price* .....

Licensed Embalmer No..... *1822* .....

P. O. Address..... *Manville 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 this body is not embalmed, fact should be so stated above.**