

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8964

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Wade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wade</u>	
b. CITY OR TOWN <u>Waver</u>		c. CITY OR TOWN <u>Rural Phillipsburg</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>Phillipsburg Rt E</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Briuley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 31 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 30 1894</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deceator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Andrew J. Briuley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary M. Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Briuley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Briuley</u> ADDRESS <u>Phillipsburg Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage left side</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u> <u>E902B</u>		
	DUE TO (c) <u>Fell from scaffold when had heart attack causing cerebral hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Court house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rebanon Wade Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 31 1949 11 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from scaffold</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:25 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard L. Palmer 3 Coronet</u>	23b. ADDRESS <u>Rebanon, Mo.</u>	23c. DATE SIGNED <u>4/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rebanon Rural</u>	24d. LOCATION (City, town, or county) (State) <u>Burt county Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 1, 1949</u>	REGISTRAR'S SIGNATURE <u>Wella L. May</u> 424	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u> ADDRESS <u>Rebanon, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

53
1
2

JUN 1 1948
APR 19 1948

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 _____

Mayna Ruth Allen Student Embalmer No. 295
working under my personal supervision.

Student
Student Embalmer

Signed Richard P. Palma

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.