

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18932

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 530 Caldwell Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) A.	c. (Last) Briggeman	4. DATE OF DEATH (Month) (Day) (Year) June 30, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 19, 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 11	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Crawfordville, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Griffing	13b. MOTHER'S MAIDEN NAME Fanny Ellis	14. NAME OF HUSBAND OR WIFE Frederick Briggeman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mae Davis	ADDRESS 530 Caldwell, Ex. Sp
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure,		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, severe DUE TO (c) _____		
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1949, to June 30, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. M. Cradden M.D.</i>	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 6/30/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2, 1949	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
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DATE REC'D BY LOCAL REG. 6/30/49	REGISTRAR'S SIGNATURE <i>Baroline Hutchings</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Claude Trichard</i>	ADDRESS Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 8
District Health Officer No. 8,
District File Number _____
Date Filed 7-8-19

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.

Signed Lindell K. Jarman

Signed _____
Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.