

FILED DEC 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 38033

BIRTH NO.		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 4335		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON		68	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) NO STREET NO 0			
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) DALE c. (Last) BRISCOE			4. DATE OF DEATH (Month) (Day) (Year) 12-2-1949				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-24-1856	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) COOPER CO - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) COOPER CO - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM - M - PALMER			13b. MOTHER'S MAIDEN NAME REBECCA - HELMS		14. NAME OF HUSBAND OR WIFE J. D. BRISCOE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Thomas Briscoe, Tipton Mo ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deficiency ANTECEDENT CAUSES Senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 22 DAYS 994 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 Nov 14, 1949 , to Dec 2, 1949 , that I last saw the deceased alive on 12/2, 1949 and that death occurred at 1 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE E. F. Potts M.D. (Degree or title)				23b. ADDRESS Tipton Mo.		23c. DATE SIGNED 12/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-1949		24c. NAME OF CEMETERY OR CREMATORY 2.0.0.F. Cemetery		24d. LOCATION (City, town, or county) (State) Tipton MO	
DATE REC'D BY LOCAL REG. Dec. 6, 1949		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		25. FUNERAL DIRECTOR'S SIGNATURE Jessie E. Richards		ADDRESS Tipton MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 14 1949
District Health Officer No. 9,
District File Number _____

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.....
Student Embalmer

Signed

Jewell E. Richards
Licensed Embalmer No. *2466*
P. O. Address *Lupton, 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.