

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. 20833

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5677		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>Briscoe</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Briscoe Union Tship</u>		d. STREET ADDRESS (If rural, give location) <u>05706</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Tship</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRIET</u> b. (Middle) <u>BRISCOE</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1950</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 7 1884</u>	
9. AGE (in years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>					
13a. FATHER'S NAME <u>Egna Tillitson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas Briscoe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Foster Briscoe Mo</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES 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 <u>4222</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>April 1950</u> to <u>June 10, 1950</u> , that I last saw the deceased alive on <u>June 10, 1950</u> , and that death occurred at <u>4:45 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. M. Owen - D. M. S.</u>				23b. ADDRESS <u>Siles Mo - June 12, 1950</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alexander Ben</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/20/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. A. Dwyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mabry Terry Mrs</u> ADDRESS			

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

District File Number _____
RECEIVED
JUN 26 1950
District Health Officer No. 9,

JUL - 7 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Wayne Mc Coy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.