S. No. 300
v. 10.48

0580

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

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23971

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5687 Registrar's No. 318

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Brookfield Twps
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brookfield Twns

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 058
d. STREET ADDRESS (If rural, give location): Brookfield Township

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): ANN
c. (Last): BRIGGS

4. DATE OF DEATH (Month) (Day) (Year): July-19-1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Apr-25-1943
9. AGE (In years last birthday): 7 — If under 1 year: Months 2 Days 25 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ___
10b. KIND OF BUSINESS OR INDUSTRY: ___
11. BIRTHPLACE (State or foreign country): Brookfield Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marion Dale Briggs
13b. MOTHER'S MAIDEN NAME: Mary E Boley
14. NAME OF HUSBAND OR WIFE: ___

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: M. B. Briggs — **ADDRESS**: Brookfield Mo

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): Heart failure - due to ventricular fibrillation — 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): Spontaneous pneumothorax — 10 days
DUE TO (c): Mumps - Encephalitis.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Uremia — 789X

19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: ___
20. AUTOPSY? YES ☐ NO ☑

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) m.: ___
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* 7/10, 1950, *to* 7/19, 1950, *that I last saw the deceased alive on* 7/17, 1950, *and that death occurred at* 6 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph W. Robinson (Degree or title): MD
23b. ADDRESS: 211 Linn Brookfield Mo
23c. DATE SIGNED: 7/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-21-50
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Brookfield Mo

DATE REC'D BY LOCAL REG.: 7-21-50
REGISTRAR'S SIGNATURE: H. B. Erwin 167
25. FUNERAL DIRECTOR'S SIGNATURE: Hill Funeral Home — **ADDRESS**: Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 24 1950
District Health Officer No. 10
District File Number 7-50-1192
Date Filed JUL 31 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. W. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.