

FILED APR 6 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8151

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN TRENTON)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON	
c. LENGTH OF STAY (in this place) 25 Yrs.		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 PLEASANT VIEW		d. STREET ADDRESS (If rural, give location) 312 PLEASANT VIEW	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARY	b. (Middle) JANE	c. (Last) BRIEGEL	(Month) FEB.	(Day) 15	(Year) 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 26, 1879	9. AGE, (In years last birthday) 71	IF UNDER 1 YEAR Months 8 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Women		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store		11. BIRTHPLACE (State or foreign country) LIVINGSTON COUNTY, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Briegel		13b. MOTHER'S MAIDEN NAME Martha Davis Briegel		14. NAME OF HUSBAND OR WIFE None	
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 Alice Stamper ADDRESS Trenton, Missouri	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio Sclerosis		1 year	
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"/>	
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) 4201 (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 10, 1950, to Feb 15, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D. (Degree or title)		23b. ADDRESS 913 1/2 Main St., Trenton, Mo.		23c. DATE SIGNED 2-16-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL A		24b. DATE FEB. 18, '51		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Missouri	
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DATE REC'D BY LOCAL REG. 2/18/51		REGISTRAR'S SIGNATURE Jane Fair		25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Simpson ADDRESS Trenton, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

VS AUG 4 1953



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.....

Charles D. Simpson

Signed.....
Student Embalmer

Licensed Embalmer No..... 3109

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.