

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30550

State File No. ....

FILED OCT 11 1951

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		049
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>401 N. Conner</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>WILEY</u> c. (Last) <u>BRISCOE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 - 1951</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 20 - 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Exeter, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John Briscoe</u>		13b. MOTHER'S MAIDEN NAME <u>Coss Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Lela May Briscoe</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Beryl Briscoe - 401 N. Conner - Joplin, Mo</u>			ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (generalized)</u> DUE TO (c) <u>Parkeison's Disease</u> 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>10 years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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)	
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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?		
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22. I hereby certify that I attended the deceased from Oct 1, 1951, to Oct 1, 1951, that I last saw the deceased alive on Oct 1, 1951 and that death occurred at 12:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Robert H. ...</u>		(Degree or title)	23b. ADDRESS <u>... ..</u>		23c. DATE SIGNED <u>Oct 10 - 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 5 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Exeter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-1-51</u>	REGISTRAR'S SIGNATURE <u>...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>Mortuary - Carthage, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-9-51  
Jasper County Health Office

County File Number 51/10/792

Date Filed 10-9-51

17101

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 Robert H. Kuel

Licensed Embalmer No. 4459

P. O. Address Carthage

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.