

No. 300
FILED MAR 14 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5561
State File No.

BIRTH NO.		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5608</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MADISON</u>		c. LENGTH OF STAY (in this place) <u>70 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MADISON TWP</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE 3 HOLDEN MO</u>				d. STREET ADDRESS (If rural, give location) <u>ROUTE 3 HOLDEN MO</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>ELIZABETH</u>		b. (Middle) <u>BRISCOE</u>		c. (Last)	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 22 1878</u>	
10a. 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>OWN HOME</u>		9. AGE (in years last birthday) <u>73</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>	
13a. FATHER'S NAME <u>JOHN T. COLSTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BELMAN</u>		14. NAME OF HUSBAND OR WIFE <u>CLARENCE J. BRISCOE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE J. BRISCOE</u>		ADDRESS <u>HOLDEN MISSOURI</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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.				<u>Gen Arteriosclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4202</u>		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) (Sec)		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>Jan 6</u> , 1952, to <u>Feb 7</u> , 1952, that I last saw the deceased alive on <u>Feb 6</u> , 1952, and that death occurred at <u>9 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rowlinson M.D.</u>				23b. ADDRESS <u>Holden Mo</u>		23c. DATE SIGNED <u>2/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 10 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-1-'52</u>		REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad & Papp Holden Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 12 1952
JOHNSON COUNTY HEALTH D

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.....

M. J. Curran

Signed.....
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, 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.