

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35628

State File No.

FILED NOV 15 1952

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEVILLE</u>	
c. LENGTH OF STAY (in this place) <u>8 YR</u>		d. STREET ADDRESS (If rural, give location) <u>0600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Pearl</u>	b. (Middle) <u>May</u>	c. (Last) <u>Briggs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-18-1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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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>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>Wahhace Co. KANS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>P. E. Mihls</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH HAMILTON</u>	14. NAME OF HUSBAND OR WIFE <u>GENE BRIGGS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u>511-01-2209</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth E. Biggy</u>	ADDRESS <u>Anthony, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-1-52</u> <u>+ to 10-28-52</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>	DUE TO (b) <u>Carcinoma of Breast</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Carcinoma of Bowels</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			<u>153X</u>

19a. DATE OF OPERATION <u>3-13-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast - Breast removed</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from 10-27, 1952, to 10-27, 1952, that I last saw the deceased alive on 10-27, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Burk</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Anderson, Mo.</u>	23c. DATE SIGNED <u>10-31-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PINEVILLE GEN.</u>	24d. LOCATION (City, town, or county) (State) <u>PINEVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-31-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	423-1	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Mary E. Humphreys

Licensed Embalmer No. 49162

P. O. Address Paris, Tenn.

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.