

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17916**
2472

FILED MAY 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 3668	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 35 YEARS	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hspital		e. STREET ADDRESS (If rural, give location) 4307 Gillham Road	

3. NAME OF DECEASED (Type or Print)	a. (First) Burton	b. (Middle) G.	c. (Last) Briggs	4. DATE OF DEATH (Month) (Day) (Year) May 12 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS Co.	11. BIRTHPLACE (City and State or Foreign Country) SALINA, KANSAS 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MORIS M. BRIGGS	13b. MOTHER'S MAIDEN NAME CLARA MAY	14. NAME OF HUSBAND OR WIFE VESTA BRIGGS
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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) NO	16. SOCIAL SECURITY NO. 495-03-8030	17. INFORMANT'S SIGNATURE OR NAME MRS. VESTA BRIGGS	ADDRESS 4307 GILLHAM RD. K.C. MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		2 HOURS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC VASCULAR DIS. DUE TO (c) BUERGER'S DISEASE		10 YRS. 33 1/2 5 YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	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 MAY 12, 1953, to MAY 12, 1953, that I last saw the deceased alive on MAY 12, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE George K. Landis, M.D. (Degree or title)	23b. ADDRESS 1630 Prof. Bldg. K.C. MO	23c. DATE SIGNED MAY 13, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 5-14-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer 3310 Brown Creek Kansas City MO
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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 Chester K Brown, Student Embalmer No. 476 working under my personal supervision..

Student Chester K Brown
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 445

P. O. Address K. C. 101

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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