

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17917

2536

BIRTH NO. 29044 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. VINCENT'S HOSP.		d. STREET ADDRESS (If rural, give location) 2416 WALROND	
3. NAME OF DECEASED (Type or Print) a. (First) INFANT		b. (Middle) BRISCOE	
c. (Last) BRISCOE		4. DATE OF DEATH (Month) (Day) (Year) MAY 13, 1953	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH MAY 12, 1953
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME VANNIE BRISCOE JR.		13b. MOTHER'S MAIDEN NAME MARY LEE WILSON	
14. NAME OF HUSBAND OR WIFE None		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. None		17. INFORMANT'S SIGNATURE OR NAME Vannie Briscoe Jr.	
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) <input checked="" type="checkbox"/> Cerebral Damage ANTECEDENT CAUSES DUE TO (b) <input checked="" type="checkbox"/> Hydrocephalus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 752*	
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.)	
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 May 12, 1953 , to May 13, 1953 , that I last saw the deceased alive on May 13, 1953 , and that death occurred at 12:10 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Marion W. Richardson		23b. ADDRESS 112526 Prospect K.C. Mo.	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 5-28-53		24c. NAME OF CEMETERY OR CREMATORY LEEDS	
24d. LOCATION (City, town, or county) (State) Kansas city, mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Lohmeyer	
DATE REC'D BY LOCAL REG. 5-18-53		REGISTRAR'S SIGNATURE Heraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Lohmeyer		ADDRESS City of Matician	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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