

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1898

State File No. ....

FILED FEB 10 1954

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>LAWRENCE</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>LAWRENCE</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora, MO 6551</u>		d. STREET ADDRESS (If rural, give location) <u>141 WEST MYRTLE</u>		d. STREET ADDRESS <u>141 WEST MYRTLE 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>141 WEST MYRTLE</u>		3. NAME OF DECEASED		4. DATE OF DEATH		5. DATE OF DEATH	
a. (First) <u>JAMES</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>Briggs</u>		a. (Month) (Day) (Year) <u>Jan 31 - 1954</u>	
(Type or Print)		6. SEX <u>MALE</u>		7. COLOR OR RACE <u>White</u>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
9. DATE OF BIRTH <u>March 22 - 1864</u>		10. AGE (In years last birthday) <u>89</u>		11. IF UNDER 1 YEAR <u>10</u>		12. IF UNDER 24 HRS. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Davidison North car.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Enoch Briggs</u>		13b. MOTHER'S MAIDEN NAME <u>UNK NOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G. L. Briggs</u>		18. ADDRESS <u>Aurora, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ <u>Uremia</u>				<u>6 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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>Generalized arteriosclerosis</u>				<u>not known</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0</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) (m.)		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 1, 1945</u> to <u>Jan 31, 1954</u> that I last saw the deceased alive on <u>5-15-1954</u> , and that death occurred at <u>Jan 31, 1954</u> for the causes and on the date stated above.							
23a. SIGNATURE <u>G. L. Kelsoy</u>				23b. ADDRESS <u>5117 Mc Nath Cleveland</u>		23c. DATE SIGNED <u>1/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>FEB 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-1954</u>		REGISTRAR'S SIGNATURE <u>Dr. Mc Nath</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Mc Nath</u>		ADDRESS <u>157-0</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1880  
6889

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.....

*Myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Amoria 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.