

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14397

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 994

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY LINCOLN	
b. CITY OR TOWN OVERLAND	c. LENGTH OF STAY (In this place) 2 YRS	c. CITY OR TOWN WINFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 9010-LACKLAND RD		e. STREET ADDRESS (If rural, give location) WINEFIELD MO 0570 I	

3. NAME OF DECEASED (Type or Print) DELORA			a. (First)	b. (Middle)	c. (Last) BRISCO	4. DATE OF DEATH (Month) (Day) (Year) 4-26-1954		
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5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 22, 1873		9. AGE (In years last birthday) 80	10. Months	11. Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) FOLEY MO.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME DAVID DUEY		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HARRISON BRISCOE (DEC)	
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WITH R DENNISON 9010 LACKLAND			
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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	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Ch. Parenchymatous nephritis		DUE TO (b) Cardio-vascular-renal disease		6 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		3 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) m.		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 July 15, 1948, to Apr 25, 1954, that I last saw the deceased alive on Apr 25, 1954, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norton John Overroll M.D.		23b. ADDRESS 6356 Clayton Road, St. Louis Mo		23c. DATE SIGNED Apr 28, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4/30/54	24c. NAME OF CEMETERY OR CREMATORY CORINTH, CEM	24d. LOCATION (City, town, or county) (State) FOLEY MO
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DATE REC'D BY LOCAL REG. 4/29/54	REGISTRAR'S SIGNATURE Richard R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAUMANN 13805 INC 2504 Woodson RA OVERLAND, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *348*

P. O. Address *Overland*

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.