

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26467

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>6 HOURS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>RAYMOND</u> c. (Last) <u>BRIGGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 7 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 28, 1929</u>
9. AGE (In years last birthday) <u>24</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAB DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>BOONVILLE, MISS.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>KELLY R. BRIGGS</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE JOHNSON</u>	
14. NAME OF HUSBAND OR WIFE <u>HILDA BRUCE BRIGGS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>Don't know</u>	
(If yes, give war or dates of service) <u>WW II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hilda Briggs</u> ADDRESS <u>Illmo Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hemorrhage + pressure on the brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete fracture of the base of the skull</u> DUE TO (c) _____ 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 <u>E983X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Other man charged with man slaying on street</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cape Girardeau Cape Girardeau</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Girardeau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 7 54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>In a fight with another man.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. Sigmond, Coroner</u>		23b. ADDRESS <u>Jackson Mo</u>	
23c. DATE SIGNED <u>8/16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-10-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-17-54</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u> 44-0	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bo plinghoff Funeral Home</u>		ADDRESS <u>Illmo Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23

APR 12 1955

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 *Oliver Clement*

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.