

STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED SEP 3 1954

State File No. _____ Registrar's No. 64

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tracy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural HURRICANE</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>6570</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN PATRICK BRISCOE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 1954</u>		
a. (First)	b. (Middle)	c. (Last)			

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 27-1892</u>	9. AGE (In years last birthday) <u>62</u>	10. MONTH <u>11</u>	11. YEAR <u>4</u>	12. IF UNDER 18 USE Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>PATRICK HENRY BRISCOE</u>	13b. MOTHER'S MAIDEN NAME <u>UINAH PHILLIPS</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Briscoe</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-07-2490</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norman Presley</u> ADDRESS <u>Joley Mo</u>	
--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>	DUE TO (b) <u>Chronic Cholecystitis & Pyelonephritis</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	DUE TO (c) _____		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>585 X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Nov 2, 1953 to August 1, 1954, that I last saw the deceased alive on Aug 1, 1954 and that death occurred at 1:37 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank L. Sutton D.O.</u>	23b. ADDRESS <u>Winfield, Missouri</u>	23c. DATE SIGNED <u>8/4/54</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Mo</u>
---	---------------------------	--	---

DATE RECD BY LOCAL REG. <u>8-1-1954</u>	REGISTRAR'S SIGNATURE <u>Emmanuel R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clepton Milles</u>	ADDRESS <u>Osberry Mo.</u>
---	---	--	----------------------------

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 _____

W.H. VanMatre

Licensed Embalmer No. 2825

P. O. Address Elberny 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.