S. No. 300
v. 10-48

0570

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

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31158

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy Rural Mo
c. LENGTH OF STAY (in this place): 8-10 to 9-13-54
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Co. Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hurricane
d. STREET ADDRESS (If rural, give location): Foley Mo. 0570

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Josephine
c. (Last): Briscoe

4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 9, 1881
9. AGE (In years last birthday): 73 — If under 1 year: Months 8, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Laytette Sitton
13b. MOTHER'S MAIDEN NAME: Sarah Tucker
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Noble Presley — ADDRESS: Foley Mo.

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): Toxemia — INTERVAL BETWEEN ONSET AND DEATH: one mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gangrene of extremity — one mo.
DUE TO (c): arterial embolus — one mo.

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: 4501
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10, 1954, *to* 9-13, 1954, *that I last saw the deceased alive on* 9-13, 1954, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Addison Hourbo DO
23b. ADDRESS: Troy, Mo.
23c. DATE SIGNED: 9-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-1954
24c. NAME OF CEMETERY OR CREMATORY: Star Hope Cemetery
24d. LOCATION (City, town, or county): Lincoln Co (State): Missouri

DATE REC'D BY LOCAL REG.: 9-18-54
REGISTRAR'S SIGNATURE: Emma B. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE: Clifton Miller — ADDRESS: Elsberry, Mo.

(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~~ .....

Sept. 13-1954 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.