

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34672**
Registrar's No. **49**

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5805**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R #1, Jefferson	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Stoutsville, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R #1, Stoutsville, Mo.		e. STREET ADDRESS (If rural, give location) R #1 - Stoutsville, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Greenville b. (Middle) Caldwell c. (Last) Briscoe			4. DATE OF DEATH 10-20-1954 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/12/1907		9. AGE (In years last birthday) 47 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 Ralls County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Robert E. Briscoe		13b. MOTHER'S MAIDEN NAME Marv E. Caldwell		14. NAME OF HUSBAND OR WIFE Mary Briscoe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Briscoe, R 1, Stoutsville, ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gun shot in forehead ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Forehead DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH John	
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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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) E 970 X	
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 **OCT 20 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **9:00A.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Barnett (Degree or title)		23b. ADDRESS Stoutsville, Mo.		23c. DATE SIGNED 10-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/22/54		24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	
24d. LOCATION (City, town, or county) (State) New London, Ralls, Mo.					

DATE REC'D BY LOCAL REG. 10-22-54		REGISTRAR'S SIGNATURE W. M. Barnett, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Michael & O'Connell ADDRESS Hannibal, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Michael J. O'Donnell*.....

Licensed Embalmer No.....

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.