

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36472

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 3005 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER.</u>		c. LENGTH OF STAY (In this place) <u>14 DAYS.</u>	c. CITY OR TOWN <u>FOSTER.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BUTLER MEMORIAL HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>0070 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILDRED</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>BRISCOE.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-5-1954</u>
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5. SEX <u>FEMALE.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-17-1914</u>	9. AGE (In years last birthday) Months Days <u>40 5 17</u>	10. IF UNDER 1 YEAR Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MAPLETON KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>BERT BRILHART</u>	13b. MOTHER'S MAIDEN NAME <u>MARY RINGER.</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCIS L. BRISCOE.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis L. Briscoe, Foster, Mo.</u>	ADDRESS
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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, arthritis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>April 1954</u>
	ANTECEDENT CAUSES Unfavorable conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Carcinoma breast.</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 <u>April 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>None</u> 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 1952, to Nov 5, 1954, that I last saw the deceased alive on Nov 5, 1954 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald R. Ronald M.D.</u>	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>11/4/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	24b. DATE <u>NOV-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FOSTER, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>NOV. 13. 54</u>	REGISTRAR'S SIGNATURE <u>Rendall Koryu</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Sew-Keith Hill, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0071 0

**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 *Robert D. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butter*

**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.**