

No. 300
10-48
114
FILED DEC 6 1954

STANDARD CERTIFICATE OF DEATH

39986

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>56</u>			
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>					
b. CITY OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY OR TOWN <u>MTN. GROVE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CONNOR HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>MAPLE ST. 1141</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WADE</u> b. (Middle) <u>H.</u> c. (Last) <u>BRIGGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 20 1954</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4/8/1877</u>			
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u>		11. DAYS <u>12</u>		12. IF UNDER 1 YEAR Hours Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>POST MASTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MOBERLY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>R.P. BRIGGS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY THARP</u>		14. NAME OF HUSBAND OR WIFE <u>ALFA</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Briggs Mason, Mo.</u> ADDRESS _____					
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) <u>Pulmonary neoplasm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> 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 <u>2 yrs.?</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 <u>Nov. 1</u> , 19 <u>54</u> , to <u>Nov. 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 20</u> , 19 <u>54</u> , and that death occurred at <u>6:45</u> Pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Billy J. Roberts M.D.</u>				23b. ADDRESS <u>Mountain Grove, Mo.</u>		23c. DATE SIGNED <u>11/22/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Nov. 22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>MOBERLY MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. Barber</u>		ADDRESS <u>Mtn. Grove</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 12-4-97

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..... *RWT Barber*

Licensed Embalmer No. 384

P. O. Address *Mt. Hope*

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.