

THE DIVISION OF HEALTH OF MISSOURI  
**FILED AUG 23 1955 STANDARD CERTIFICATE OF DEATH**

State File No. **27366**
 BIRTH NO. **12452253-55** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **238**

09410

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

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).					
a. COUNTY <b>St. Francois</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Bonne Terre</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY OR TOWN <b>Bonne Terre</b>		<b>3 days</b>		e. STREET ADDRESS (If rural, give location)		<b>094/0</b>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>									
<b>3. NAME OF DECEASED</b> (Type or Print)			a. (First) <b>Terry</b>		b. (Middle) <b>Elvin</b>		c. (Last) <b>Briley</b>		
4. DATE OF DEATH			5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		
August 14, 1955			8. DATE OF BIRTH <b>Aug. 11, 1955</b>		9. AGE (In years last birthday)		10. UNDER 1 YEAR		
					0		0 3		
							11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Mo.</b>		
							12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>Elvin Briley</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Trantham</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Elvin Briley Desloge, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cranial meningococci.</b>						
			ANTECEDENT CAUSES						
			MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					DUE TO (b) _____	
			DUE TO (c) <b>751X</b>						
			II. OTHER SIGNIFICANT CONDITIONS						
			Conditions contributing to the death but not related to the disease or condition causing death. <b>Congenital absence of vault of skull.</b>						
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) 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 <b>8/11/55</b> , 19___, to <b>8/14/55</b> , 19___, that I last saw the deceased alive on <b>8/14/55</b> , 19___ and that death occurred at <b>9:45 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>David Taylor</b>			23b. ADDRESS <b>Mo. St. Bonne Terre, Mo.</b>			23c. DATE SIGNED <b>8-13-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/15/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Big River Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Irondale, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>Aug 15, 1955</b>			REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. Boyer &amp; Son Desloge, Mo.</b>				

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 *B. T. Boyer*

Licensed Embalmer No. *36*

P. O. Address *Allestoy*

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.