

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 17 1955

BIRTH NO. REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Scotland Co., Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		c. CITY OR TOWN <u>Memphis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Victor</u> c. (Last) <u>Briggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6 1955</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>Dec. 1 1867</u>	9. AGE (In years last birthday) <u>87</u>	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) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Barnsville, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William H. Briggs</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Livingston</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Briggs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-24-6732</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Briggs</u>		18. ADDRESS <u>Memphis</u>			

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			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES <u>Coronary thrombosis & myocardial infarction 9-27-55</u>			
DUE TO (b) _____		DUE TO (c) <u>Hypertensive heart disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) 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 7-5, 1955, to 10-6, 1955, that I last saw the deceased alive on 10-5, 1955, and that death occurred at 2:30 p., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. H. Bradley M.D.</u>		23b. ADDRESS <u>Memphis, Missouri</u>		23c. DATE SIGNED <u>10-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green City</u>	
24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>		25. ISSUED DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Memphis Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-11-55</u>		REGISTRAR'S SIGNATURE <u>Vera G. Purnee 476-</u>			

WRITE PLAINLY—USING UNFADING 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..... *Fred Smith*

Licensed Embalmer No..... *42*

P. O. Address..... *Murphy*

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.