

FILED SEP 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. 27437

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 YRS</u>	c. CITY OR TOWN <u>HOLDEN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #5</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>RFD #5</u> <span style="float: right;">0510</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>NORMAN</u> c. (Last) <u>BRISCOE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 31 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 19 1910</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>	IF UNDER 1 HRS. Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HOLDEN MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>CLYDE N. BRISCOE</u>	13b. MOTHER'S MAIDEN NAME <u>MALIE HAGGARD</u>	14. NAME OF HUSBAND OR WIFE <u>MAXINE 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>497-42-557A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NORMAN LEE BRISCOE</u>	ADDRESS <u>HOLDEN MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Fractured Neck</u>		<u>INSTANT</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest, asphyxiation</u>		
DUE TO (c) <u>!</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>JACKSON</u> (COUNTY) <u>JOHNSON</u> (STATE) <u>MO</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>AUG 21 1956 2:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 5-1-56, to 8-31, 1956, that I last saw the deceased alive on 8-30, 1956 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.M. Holmberg</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>9-1-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1956 SEPT 3</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HOLDEN MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept 7, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs H O Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Amundson &amp; Roff</u>	ADDRESS <u>Holden Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *M. J. Coady*.....

Licensed Embalmer No. *34/39*

P. O. Address *Helden*

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.