

STANDARD CERTIFICATE OF DEATH

State File No. **31099**

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>94 Days</u>		e. STREET ADDRESS (If rural, give location) <u>201-N-CONNOR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>Beryl</u> b. (Middle) <u>Bonnie</u> c. (Last) <u>Briscoe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17-56</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-10-1904</u>		9. AGE (In years last birthday) <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Exeter, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Briscoe</u>		13b. MOTHER'S MAIDEN NAME <u>Lela M. Wasson</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-38-1724</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Briscoe - R-2, Helena, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pancreas</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatosis of pancreas origin</u>		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 6-15-56 to 9-17-56 that I last saw the deceased alive on 9-17-56 and that death occurred at 1-50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edmund New</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Briscoe Bldg, Joplin Mo</u>		23c. DATE SIGNED <u>9-17-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Exeter Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Exeter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-56</u>	REGISTRAR'S SIGNATURE <u>Bob Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calver's Cassville, Mo.</u>		

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

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RECEIVED
Jasper County Health Office
County File Number 56-9-762-
Date Filed SEP 24 1955

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 *Paul D. Heubert*

Licensed Embalmer No. 4524

P. O. Address *Cassville,*

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.