

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH157 021575  
STATE FILE NUMBER 3028  
REGISTRAR'S NO. 136

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN CARTHAGE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION MCCUNE BROOKS			Length of stay in lb 2 DAYS	d. STREET ADDRESS R. #1 BOX 53		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) LILLIAN E. BRISCOE				First	Middle	Last	4. DATE OF DEATH JUNE 25 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 20, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MOBERLY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME CHARLEY MAYE				14. MOTHER'S MAIDEN NAME NO DATA				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT DAUGHTER R. #1 WEBB CITY, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u>							INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Terminal hypostatic pneumonia</u>	2 days						
	DUE TO (c) <u>Old rheumatic heart disease</u>	? yes						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 416X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CARTHAGE		COUNTY JASPER		STATE MO.
21. I attended the deceased from 1954 to 6/25/57 and last saw her <del>her</del> alive on 6/25/57 Death occurred at 7:15 pm m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or title) W Russell Brink				22b. ADDRESS Carthage, Missouri			22c. DATE SIGNED 6/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-27-1957	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW		23d. LOCATION (City, town, or county) JOPLIN		(State) MO.	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO.				25. DATE RECD. BY LOCAL REG. 6-27-57		26. REGISTRAR'S SIGNATURE Elly Clifton		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Case File Number 57-7-572  
Date Filed JUL 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared for burial by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Richard Gray* .....  
Licensed Embalmer No. 44

P. O. Address *W. S. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.