

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017814
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 502 B

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burge Springfield		c. CITY OR TOWN Squires	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge		d. STREET ADDRESS (If outside, give location) 0340	
3. NAME OF DECEASED (Type or print) First Middle Last Rev. Harry Irwin Briggs		4. DATE OF DEATH Month Day Year May 13, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 23, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister, Methodist		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Danville, Ill.
13a. FATHER'S NAME Clinton Lane Briggs		13b. MOTHER'S MAIDEN NAME Mirian Indionola Clark	14. NAME OF HUSBAND OR WIFE Amanda Myrtie Briggs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One		16. SOCIAL SECURITY NO. 540-32-0655	17. INFORMANT Address Mrs. A. Myrtie Briggs, Squires, 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) Pneumonia, bilateral, purulent			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebro Vascular Accident & L. Hemiplegia			6 days
DUE TO (c) Hypertensive Heart Disease			4 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 COUNTY STATE	
21. I attended the deceased from 5-8-58 to 5-13-58 and last saw him alive on 5-13-58 Death occurred at 1:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) M.D. M. D.		22c. DATE SIGNED 5-16-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-16-58	23c. NAME OF CEMETERY OR CREMATORY Ava
		23d. LOCATION (City, town, or county) (State) Ava, Missouri	
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 5-19-58	26. REGISTRAR'S SIGNATURE Effie S. Mettler

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 26 1958

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 *Charles R. Fisk*

Licensed Embalmer No. *4662*

P. O. Address. *Ava, ma*

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.