

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022635
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tipton</u> | | c. CITY OR TOWN <u>Tipton</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Morgan Street</u> | | Length of stay in lb <u>Life</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Della Grace Briscoe</u> | | 4. DATE OF DEATH Month <u>June</u> , Day <u>12th</u> , Year <u>1958</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>August, 13, 1881</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Tipton, Missouri</u> |
| 13a. FATHER'S NAME <u>Polydore Weason</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pauline Drolling</u> | 14. NAME OF HUSBAND OR WIFE <u>Tom D. Briscoe</u> |
| 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>Unknown</u> | 17. INFORMANT Address <u>Tom D. Briscoe, Tipton, Missouri</u> |
| 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>CARDIAC DEFICIENCY</u> DUE TO (b) <u>Mitral Valve</u> DUE TO (c) <u>410X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>6 mo.</u> |
| 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 <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 <u>5/5/1958</u> to <u>6/12/58</u> and last saw her alive on <u>6/12/58</u> Death occurred at <u>2:20 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. F. Potts M.D.</u> | | 22b. ADDRESS <u>Tipton Mo</u> | |
| 22c. DATE SIGNED <u>6/12/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June, 14, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Tipton Masonic Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>James E. Richards - TIPTON MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 14 - 58</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson.</u> |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Jemee E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Lipton*

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.