

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44-58-047290

STATE FILE NUMBER

FILED JAN 5 1958		Registration District No. 923		Primary Registration District No. 6098		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lancaster		Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Malvern		8030 9 Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile n/w of Lancaster		Length of stay in lb		d. STREET ADDRESS 1009 Pleasant		(If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last William Benjamin Briner				4. DATE OF DEATH Month Day Year Dec. 7, 1958			
5. SEX male 0		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH April 1, 1936	
9. AGE (In years) 22		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Willow Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Willow Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roose Stanford Briner		13b. MOTHER'S MAIDEN NAME Terrie Mae Eford		14. NAME OF HUSBAND OR WIFE Rennie Lee Cummings			
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 Mrs. Terrie Mae Briner Address Bella 604			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Gas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (inquest pending) DUE TO (c) 8926				INTERVAL BETWEEN ONSET AND DEATH			
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 ☒ NO ☐			
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 18 CORRECTED BY AFFIDAVIT OF Coroner 1-20-59 094					
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. Dec 7 58		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bunkhouse		20f. CITY, TOWN, OR LOCATION Lancaster	
20g. COUNTY Schuyler		20h. STATE MO					
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dwight W. Norman		(Degree or title) Coroner		22b. ADDRESS Lancaster Mo		22c. DATE SIGNED Dec 8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		23b. DATE 12-10-58		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill, Washington Ark.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Fleming Lancaster		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-8-1958		26. REGISTRAR'S SIGNATURE Mrs. B. P. Drake	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 20 1959

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

Licensed Embalmer No. 3705

P. O. Address

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.