

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 24 1959

59-026445

2 6379

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Length of stay in 1b <u>20 Yrs.</u>		c. CITY OR TOWN <u>St. Louis.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christian Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4953 Wren, Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle Last <u>Briscoe</u>				4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1959</u>					
5. SEX <u>Male</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>11/28/1910</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker Moloney Elec.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Foley, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Ephraim Briscoe</u>			13b. MOTHER'S MAIDEN NAME <u>Dollie Barker</u>			14. NAME OF HUSBAND OR WIFE <u>Lucille</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> <u>Nil.</u>			16. SOCIAL SECURITY NO. <u>495-12-8811</u>		17. INFORMANT Address <u>Lloyd Briscoe, 859 Harlan, Ave.</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>Abdominal Hemorrhage from delayed Rupture of Spleen;</u> DUE TO (b) <u>E 902.0</u> DUE TO (c) <u>21</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed in the immediate cause (a), (b), or (c). <u>Slipped in ice fall from porch</u> <u>pedal to ground below</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Put signature of inquirer in PART I or PART II item 18.) <u>in back of his hand at Elsberry, Missouri, on June 29th, 1959 about 1205am.</u>							
20c. TIME OF INJURY Hour <u>1205</u> a.m. Month, Day, Year <u>6 29 59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Elsberry Mo.</u>			COUNTY STATE	
21. I attended the deceased from <u>850 A</u> to <u>850 A</u> and last saw <u>him</u> alive on <u>June 29, 1959</u> . Death occurred at <u>850 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Patrick J. Taylor Coroner</u>				22b. ADDRESS <u>1300 Clark</u>				22c. DATE SIGNED <u>7-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			23d. LOCATION (City, town, or county) <u>Elsberry, Missouri</u>			
24. FUNERAL DIRECTOR <u>Ricks Funeral Home, Elsberry, Missouri.</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 6 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> <u>m & B.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 12 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Binkley

Licensed Embalmer No. _____

P. O. Address _____

36
St Louis

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.