

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007252

STATE FILE NUMBER

FILED VS. MAR 10 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If outside, give location) 1101 Center Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ARTHUR Middle WESLEY Last BRIGGS			4. DATE OF DEATH Month February Day 22 Year 1960		
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 Nov. 2, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 3 Days 20 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Ralls County Missouri		11. BIRTHPLACE (City and state or country) U S A		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Samuel P. Briggs			13b. MOTHER'S MAIDEN NAME Sarah Davis			14. NAME OF HUSBAND OR WIFE Martha Hall Briggs		

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 Address Mrs. Arthur W. Briggs Hannibal Missouri
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		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) Arteriosclerotic heart disease.		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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 a.m. p.m. 	Month, Day, Year 	

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 Hannibal	COUNTY Missouri	STATE Missouri
21. I attended the deceased from 2/21/60 to 2/22/60 and last saw her/him alive on 2/21/60 . Death occurred at 5:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE [Signature] Roller (Degree or title) M.D.		22b. ADDRESS Hannibal, Missouri		22c. DATE SIGNED 2/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/25/1960	23c. NAME OF CEMETERY OR CREMATORY Hydesburg Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal Missouri	

24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 3/2/60	26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Herman
---	---	---

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 W. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal Mis

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