

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014639

FILED VS. MAY 6 1960

Primary Registration District No. 5305 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Twnshp</u>		Length of stay in 1b <u>2 1/2 Months</u>		c. CITY OR TOWN <u>Liberty Twnshp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Algoa Reformatory</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Algoa Reformatory</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Edgar</u> Last <u>Briggs</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May-5-1938</u>	9. AGE (last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>21</u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not Known</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Algoa Reformatory, J.C.Mo.</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>Drowning</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Ductal</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> N- <input type="checkbox"/> Unknown		
19. WAS 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. (Enter nature of injury in PART I or PART II of item 18.) <u>Man escaped from Algoa Reformatory, Jefferson City, Mo. & placed in back of Dodge River.</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>4/3/60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Body was found floating in Orange River @ Bridge on Highway 50 East - Jefferson City, Mo. 4/26/60</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>Highway 50 EAST - 1 MILE beyond Orange River Bridge - Jefferson City, Cole - Mo.</u>						
21. I attended the deceased from _____ where it is that he fell into Orange River - from Cole Co. Banks - of Orange River - near Pass - Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Richard E. Coburn, Coroner Cole County</u>			22b. ADDRESS <u>1436 Green Berry Rd - Jefferson City, Mo.</u>			22c. DATE SIGNED <u>4/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/26/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Longview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>		
24. FUNERAL DIRECTOR <u>Thorpe J. Gordon, Jefferson City, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>28 April 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - Richter, Reg.</u>	

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 Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wayne J. Jordan

Licensed Embalmer No. 1786

P. O. Address Jeff. Co., Ill.

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