MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1961 AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2550 STATE FILE NUMBER 10504

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois COUNTY: Schulyer
c. CITY OR TOWN: Rushville — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 716 No. Liberty — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ORVALL Middle: NMN Last: BRIGGS
4. DATE OF DEATH: Month: MARCH Day: 14 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/11/1898
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (City and state or country): Schulyer Co., Illinois.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jefferson Briggs
13b. MOTHER'S MAIDEN NAME: Adaline Rittenhouse
14. NAME OF HUSBAND OR WIFE: Catherine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Catherine Briggs, Address: 716 No. Liberty

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Rushville, Ill.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC TAMPONADE	10 MINUTES
DUE TO (b)	RUPTURED DISSECTING ANEURYSM AORTA AND RIGHT INNOMINATE ARTERY	1 DAY
DUE TO (c)	ARTERIOSCLEROSIS 451X	UNDETERMINED

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

O.K. Joseph Mazzuca Deputy Coroner 3-17-61

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. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 MARCH 14, 1961, to MARCH 14, 1961 and last saw her/him alive on MARCH 14, 1961
Death occurred at 5:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 3/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-18-61
23c. NAME OF CEMETERY OR CREMATORY: Rushville, Cemetery
23d. LOCATION (City, town, or county) (State): Rushville, Illinois.
24. FUNERAL DIRECTOR: Albert H. Hoppe Inc., ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 16 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Wm Bumbley

Licensed Embalmer No. 3653

P. O. Address St Louis Me

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.