

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8195

State File No.

FILED APR 3 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 25

0422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>HENRY</u>		a. STATE <u>Mo.</u> COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>CLINTON</u>	
c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>308 S. 5th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 S. 5th St.</u>		e. CITY OR TOWN <u>CLINTON</u>	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JESSE</u>	b. (Middle) <u>BLANCHARD</u>	c. (Last) <u>BRIGGS</u>	<u>MAR. 26 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 9, 1878</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN - STOCK</u>		11. BIRTHPLACE (State or foreign country) <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM BRIGGS</u>			13b. MOTHER'S MAIDEN NAME <u>LAURA E. GREY</u>		14. NAME OF HUSBAND OR WIFE <u>TEMPER VANHOZER BRIGGS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm H. Briggs, Kansas City</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Atherosclerosis</u>			
		DUE TO (c) <u>Senility</u>			
		II. OTHER SIGNIFICANT CONDITIONS*			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1950, to Mar 26, 1951; that I last saw the deceased alive on Mar 24, 1951, and that death occurred at 8 AM, from the causes and on the date stated above.

22a. SIGNATURE <u>Robert Hawkeel</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Clinton, Mo</u>	23c. DATE SIGNED <u>3-28-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (1)</u>	24b. DATE <u>3/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emphwood Country</u>
DATE REC'D BY LOCAL REG. <u>Mar-28-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Vansant</u>		ADDRESS <u>Clinton, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

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, ~~_____~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. J. Wauson _____

Licensed Embalmer No. 3779 _____

P. O. Address Clinton, Mo. _____

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 this body is not embalmed, fact should be so stated above.