

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12339

State File No.

FILED MAY 15 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> <u>0422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>308 S. 5th</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>TEMPIA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>BRIGGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1951</u>
--	--------------------------	------------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 31, 1879</u>	9. AGE (In years last birthday) <u>72</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	if UNDER 24 HRS. Hours <u>1</u> Min. <u>7</u>
----------------------	-------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	--	--

13a. FATHER'S NAME <u>John Vanhooser</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
--	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (If yes, in or unknown) (If yes, give war or date of discharge) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sampson Vanhooser</u>	ADDRESS <u>Wetzel's</u>
---	-------------------------------------	--	-------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Atherosclerosis</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 <u>4201</u>	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 Jan. 10, 1951, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Haskell, M.D.</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>5-9-51</u>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Center</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 9-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>V. L. Cousart</u>	ADDRESS <u>Clinton, Mo.</u>
--	---	---	-----------------------------

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

5422

RECEIVED 5-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-14-51

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, W. S. Tansant

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. S. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.

20 10