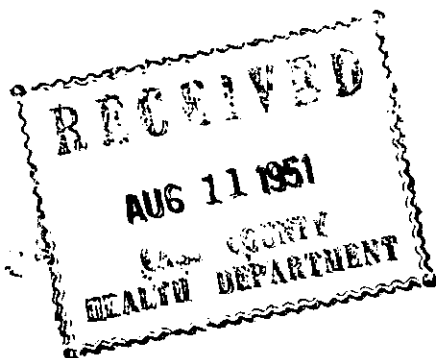


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22385**
Registrar's No. **92**

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5220		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Coldwater 6 wks		c. LENGTH OF STAY (In this place) 6 wks		c. CITY (If outside corporate limits, write RURAL and give township) Archie		0190	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 8 MILE E. of Lisle				d. STREET ADDRESS (If rural, give location) L			
3. NAME OF DECEASED (Type or Print) John Branson Briles				4. DATE OF DEATH (Month) (Day) (Year) Aug 2 - 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 7 - 1876	
9. AGE (In years last birthday) 75		10. MONTHS 2		11. DAYS 25		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY 8 years		11. BIRTHPLACE (State or foreign country) Harrisonville Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Briles		13b. MOTHER'S MAIDEN NAME Annis Briles		14. NAME OF HUSBAND OR WIFE Matilda Alice Hayes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Vern Osborn - Lisle, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver Symptom of malignancy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Vascular Disturbance DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation		153 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Archie Cass Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 2 1951		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 2 , 1931, to Aug 2 , 1951, that I last saw the deceased alive on Aug 2 , 1951, and that death occurred at 3:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. E. Briles MD				23b. ADDRESS Archie		23c. DATE SIGNED 8-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) 6 m. South Harrisonville Mo	
DATE REC'D BY LOCAL REG. Aug 4 1951		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Brothers			
				ADDRESS Archie, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Hayd Atkinson

Licensed Embalmer No. *3920*

P. O. Address

Harrisville 7

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.