

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3794

State File No.

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL PINEY</u>		c. CITY (If outside corporate limits) write RURAL and give township <u>RURAL PINEY</u>	
c. LENGTH OF STAY (in this place) <u>70YRS</u>		d. STREET ADDRESS (If rural, give location) <u>7 MI. W. HOUSTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 MI. W. HOUSTON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>/</u> c. (Last) <u>BRITZMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 4 1855</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	11. BIRTHPLACE (State or foreign country) <u>LESSEN, GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES BRITZMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>/</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALEX BRITZMAN</u>	ADDRESS <u>BUCKRUS, MO</u>
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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>Acute Cardio-Respiratory Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Degenerative Arterio Sclerosis 6 yrs</u> <u>Hrt. disease 10 yrs</u> DUE TO (c) <u>Carcinomatosis (Primary colon)</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>111</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 5, 1948, to Jan 13, 1949, that I last saw the deceased alive on Jan 13, 1949 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Burns MD</u>	(Degree or title)	23b. ADDRESS <u>Houston Mo.</u>	23c. DATE SIGNED <u>Jan 17, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GERMAN</u>	24d. LOCATION (City, town, or county) (State) <u>TEXAS, CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 21, 1949</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	327	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>	ADDRESS <u>HOUSTON, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~Doc. File 1-27-49~~
District File Number 14978
District Health Officer No. 5
RECEIVED 1-27-49

DEC 20 1950

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.

Signed Frank E. Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, 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.