

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4369

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>26 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		d. STREET ADDRESS (If rural, give location) <u>306 N. W. 8th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alex. Ravensway Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Montgomery</u> c. (Last) <u>Britt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 - 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 8 - 1888</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Retired Cook</u>	11. BIRTH PLACE (State or foreign country) <u>Callaway Co. Missouri</u>
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>D.K. Britt</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Dudley</u>	14. NAME OF HUSBAND OR WIFE <u>Luther Britt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Emily Woodley</u> ADDRESS <u>302 1/2 9th St. Fulton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiogenic disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>depression</u> <u>Chronic hepatitis</u> DUE TO (c) <u>Hypertension</u> <u>Sec. anemia</u> 42*	
		INTERVAL BETWEEN ONSET AND DEATH <u>unknown to me.</u>	
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 <u>Jan 4</u> , 19 <u>49</u> , to <u>Jan 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>49</u> , and that death occurred at <u>9:40</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Olema Ravensway MD</u>		23b. ADDRESS <u>Boonville, Missouri</u>	23c. DATE SIGNED <u>Feb 1, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 2 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Side</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>
DATE REC'D BY LOCAL REG. <u>Jan 30 - 49</u>	REGISTRAR'S SIGNATURE <u>D. Cooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ole Bell Fulton, Mo.</u>	

27
1
2

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-10-49

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
Student Embalmer

Signed Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.