

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

33188

State File No.

FILED NOV 15 1949

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>367</u>		
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>				
b. CITY OR TOWN <u>Fulton, Missouri</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Montgomery Township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) <u>David</u> c. (Last) <u>Britt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 4 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>D.K.</u>		
9. AGE (In years last birthday) _____			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Montgomery City, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Drury C. Britt</u>			13b. MOTHER'S MAIDEN NAME <u>Janes Okey</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, being unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Drury C. Britt</u> ADDRESS <u>Montgomery City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacteremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cervical Adenitis</u> <u>5 days</u> DUE TO (c) <u>peritonitis</u> <u>5 days</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>10534</u>	
19a. DATE OF OPERATION <u>Nov. 3, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory puncture neck & Throat.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE: <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City, Montgomery, Mo.</u>				
21d. TIME OF INJURY _____		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>Nov. 3</u> , 19 <u>49</u> , to <u>Nov 4</u> , 1949, that I last saw the deceased alive on <u>Nov. 4</u> , 1949, and that death occurred at <u>12:05A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Lloyd E. Hutchins, M.D.</u>			23b. ADDRESS <u>Fulton, Missouri</u>			23c. DATE SIGNED <u>Nov. 4, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 4 1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlanke</u> ADDRESS <u>Montgomery City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

District File Number
District Health Officer No. 9
RECEIVED NOV 9 1919

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. _____

Student _____
Student Embalmer

Signed *E. B. Schlanke*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City*

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.