

FILED NOV 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 40016

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4236 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>		c. LENGTH OF STAY (If in place) <u>8 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #21</u>				d. STREET ADDRESS (If rural, give location) <u>17</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Pennington</u> c. (Last) <u>Britt, jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 - 49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		8. DATE OF BIRTH <u>Feb 20th 1910</u>			
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED		9. AGE (In years, months, days) <u>39</u>		11. BIRTHPLACE (State or foreign country) <u>Amagon, Ark.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bread Distributor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Britt, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Vera Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Burger Britt.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wt or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>#30-03-756</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Britt, Potosi, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr</u>			
DUE TO (b) _____ DUE TO (c) _____				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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>11-8</u>, 19<u>47</u>, to <u>11-8</u>, 19<u>49</u>, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15 A.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward M. Lake, Jr. M.D.</u>			23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>11/8/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Park</u>			
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Motherhood, De Soto, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>11/8/49</u>		REGISTRAR'S SIGNATURE <u>Hilbert Kudalko</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Motherhood, De Soto, Mo.</u>			

REIVED

11-15-49

Health Officer No. 4

File Number 1149-1502

Filed

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 [Signature]

Licensed Embalmer No. 3531

P. O. Address [Address]

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.