

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11761

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6252</u>		Registrar's No. <u>1-4</u>		
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEEPER</u>		c. LENGTH OF STAY (In this place) <u>55</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEEPER</u>		110		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>110</u>				
3. NAME OF DECEASED (Type or Print) <u>ANNA</u>			a. (First)		b. (Middle)		c. (Last) <u>BRITT</u>	
4. DATE OF DEATH <u>MAR. 20, 1950</u>		(Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 1, 1876</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>WILLIAMSVILLE Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ISAAC ALBERTSON</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN CLAY</u>			14. NAME OF HUSBAND OR WIFE <u>EDWARD LEVI BRITT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Levi Britt Leeper Mo.</u> ADDRESS <u>LEEPER 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>Brain hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cholesterol</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				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) <u>Leeper Wayne Mo</u>				
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?				
22. I hereby certify that I attended the deceased from <u>3-16</u> , 19 <u>50</u> , to <u>3-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>50</u> , and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. E. Fanning M.D.</u>				23b. ADDRESS <u>Piedmont Mo.</u>		23c. DATE SIGNED <u>3-22-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEEPER MISSOURI</u>		24d. LOCATION (City, town, or county) (State) <u>LEEPER Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-27-50</u>		REGISTRAR'S SIGNATURE <u>Samie E. P. ...</u> 340		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. W. ...</u>		ADDRESS <u>Piedmont Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-508

MAY 17 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~~.....

Marvin E. Bowles.....

Student Embalmer No.

working under my personal supervision.

Signed Marvin E. Bowles.....

Signed
Student Embalmer

Licensed Embalmer No. 4426

P. O. Address Diedmont 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.