No. 300
10.48

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

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28036

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7559

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: [redacted]
b. COUNTY: Illinois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St Louis~~ Du Quoin
d. STREET ADDRESS (If rural, give location): 244 N 9th. 8126

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): R
c. (Last): Britton.

4. DATE OF DEATH (Month) (Day) (Year): 8 - 30 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Sept 22 - 1887
9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Distributor
10b. KIND OF BUSINESS OR INDUSTRY: Oil + Gas Industry
11. BIRTHPLACE (State or foreign country): Orangeville Indiana
12. CITIZEN OF WHAT COUNTRY?: US
13a. FATHER'S NAME: Nathan Britton
13b. MOTHER'S MAIDEN NAME: Mary Reenen
14. NAME OF HUSBAND OR WIFE: Mabel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Charles W Britton ADDRESS: Duquoin Ill

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforating Diviticulitis of descending colon — 6 wks
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: July 8 1950
19b. MAJOR FINDINGS OF OPERATION: Perforating Diviticulitis Descending Colon
20. AUTOPSY? YES ☑ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 572.1

22. *I hereby certify that I attended the deceased from* 4 July, 1950, *to* 30 Aug, 1950, *that I last saw the deceased alive on* 30 Aug, 1950, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas X Houston
(Degree or title): MD.
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 8/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-31-50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Duquoin, Illinois

DATE REC'D BY LOCAL REG.: SEP 6 1950
REGISTRAR'S SIGNATURE: J. B. Fosater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Rowland Mortuary Service Inc. 4106 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

7553

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. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 04343

P. O. Address St. Louis 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.