

No. 300  
10-48

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30138

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 110

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Juntura Rural</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Spickard (Rural)</u>                                      |  |
| c. LENGTH OF STAY (in this place)<br><u>2 mo.</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>9400 (Rural) 1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Co Rest Home</u>                               |  |  |  |

|                                     |            |             |           |                                       |
|-------------------------------------|------------|-------------|-----------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
| <u>HULDA AMELIA BRITTIAN</u>        |            |             |           | <u>Aug 24 1950</u>                    |

|   |                              |  |  |   |
|---|------------------------------|--|--|---|
| 5. SEX<br><u>fe</u>   | 6. COLOR OR RACE<br><u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u> | 8. DATE OF BIRTH<br><u>3-19-1867</u>                             | 9. AGE (In years last birthday) <u>83</u><br>if UNDER 1 YEAR: Months Days<br>if UNDER 2 HRS: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                              | 10b. KIND OF BUSINESS OR INDUSTRY                                      | 11. BIRTHPLACE (State or foreign country)<br><u>Grundy Co mo</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>Wm Cooksey</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Angeline Ford</u> | 14. NAME OF HUSBAND OR WIFE<br><u>✓</u> |
|---|---|---|

|  |                                     |  |                      |
|--|-------------------------------------|--|----------------------|
| 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.<br><u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Oren Gibson Galt</u> | ADDRESS<br><u>mo</u> |
|--|-------------------------------------|--|----------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>52m</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u> |  |  |
|   | DUE TO (c) _____  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>4222</u>                                    |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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 June 1, 1950, to Aug 24, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

|                                      |                   |                                   |                                    |
|--------------------------------------|-------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>[Signature]</u> | (Degree or title) | 23b. ADDRESS<br><u>Juntura Mo</u> | 23c. DATE SIGNED<br><u>8/24/50</u> |
|--------------------------------------|-------------------|-----------------------------------|------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><u>8-26-50</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Half Rock Cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Spickard mo (Rural)</u> |
|---|-----------------------------|---|---|

|  |  |     |   |                           |
|--|--|-----|---|---------------------------|
| DATE REC'D BY LOCAL REG.<br><u>8/26/50</u> | REGISTRAR'S SIGNATURE<br><u>Liene Fair</u> | 115 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>DK Payne &amp; Son</u> | ADDRESS<br><u>Galt mo</u> |
|--|--|-----|---|---------------------------|

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

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**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 P. K. Payne Jr.....

Licensed Embalmer No. 3400.....

P. O. Address Galt.....

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.