

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30884

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Warrensburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>	
c. LENGTH OF STAY (In this place) <b>11 days</b>		d. STREET ADDRESS (If rural, give location) <b>318 W. Ming St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>318 W. Ming St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugh</b> b. (Middle) <b>Albert</b> c. (Last) <b>Britt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 22, 1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>September 12, 1892</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motion Picture Opp.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Motion Picture</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
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13a. FATHER'S NAME <b>Walter H. Britt</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Jane Benscoter</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Edmundson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-14-9646</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Kate Britt, Linden, Tenn.</b>		ADDRESS	
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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) <b>Coronary system degeneration</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>generalized atherosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>  <b>?</b>  <b>4/201</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 9-14, 1950, to 9-22, 1950, that I last saw the deceased alive on 9-20, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title)		23b. ADDRESS <b>Warrensburg Mo</b>		23c. DATE SIGNED <b>9-23-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PunSet Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Sept. 23, 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Warrensburg, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

OCT 5 1950.

RECEIVED  
SEP 25 1950

JOHNSON COUNTY HEALTH DEPT.

APR 17 1952

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

*Elma D. Tiplott*

Licensed Embalmer No. *4817*

P. O. Address *Wrensburg, 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.