

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32947

32947

65

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SALISBURY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SALISBURY - MO. 0211</u>	
c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>511 S. WAFFEVER ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 S. WAFFEVER ST.</u>			
3. NAME OF DECEASED a. (First) <u>BENNIE</u>		b. (Middle) <u>WITHERS - BRITTENHAM</u>	
c. (Last) <u>BRITTENHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 12 - 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>NOV. 25TH 1892</u>
9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>SALISBURY - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES E. WENCH</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY VERBENA MENUNT</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN A. BRITTENHAM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. J. A. GARNETT</u>		ADDRESS <u>KEYTESVILLE</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertension - organ heart</u>			
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>42-1</u>			
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)			
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>Jan</u> , 19 <u>45</u> , to <u>10-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>50</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Lawton MD</u>		23b. ADDRESS <u>Salisbury, Mo</u>	
23c. DATE SIGNED <u>10-13-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-21-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS - MO</u>	
DATE REC'D BY LOCAL REG. <u>10-13-1950</u>		REGISTRAR'S SIGNATURE <u>W. H. Lawton</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade & Burnett</u>		ADDRESS <u>Keytesville, Mo</u>	

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

NOV 28 1950

DEC 6 1950

Date Received: OCT 17 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-17
Date Filed: OCT 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 _____

~~Student Embalmer No.~~

~~working under my personal supervision.~~

Student
Student Embalmer

Signed *H. D. Gault*

Licensed Embalmer No. *3046*

P. O. Address *Kay Trivette*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Chariton } ss.

State File No. 32947
Local Registrar's No. 68

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of December -1950, 1950, before me appears H.D. Garnett, who, upon his oath, states that the original record of ~~birth~~ death for Bennie Withers Brittenham died Oct. 12-1950, 1950, in the State of Missouri, and which was filed at Jefferson City, Mo. on Oct. 18-1950, should be corrected as follows:

Item No. 3 should read Bennie Withers Brittenham
Instead of Bennie Withers Brittenham

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H.D. Garnett
Undertaker Relationship.
Keytesville, Missouri
Present Address.

Subscribed and sworn to before me this 4 day of Dec., 1950

My Commission expires Dec 8-1952 W.S.A. Dunson Notary Public.

DEC 6 1950