

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34364

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Chelapa</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chelapa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek Twp. 3520</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat, Springcreek Twp. 0810</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home - Flat</u>		<u>Flat</u>	

3. NAME OF DECEASED a. (First) <u>FAUVIE</u>		b. (Middle)		c. (Last) <u>BRITTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1950</u>	
---	--	-------------	--	--------------------------	--	--	--

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>May 2-1881</u>	9. AGE (In years last birthday) <u>69</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Boonville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
----------------------	-------------------------------	---	------------------------------------	---	---	---	---

13a. FATHER'S NAME <u>Do not know</u>	13b. MOTHER'S MAIDEN NAME <u>Do not know</u>	14. NAME OF HUSBAND OR WIFE <u>James Britton</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Click</u> ADDRESS <u>Rolla 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>56 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Arteriosclerosis</u>		
	DUE TO (c) <u>Cardio-vascular Renal Disease</u>		
11. 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)
--	--	---

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 Nov 16 1947, to Oct 7 1950, that I last saw the deceased alive on Oct 7 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard E. Myers D.O.</u>	23b. ADDRESS <u>Newburg Mo.</u>	23c. DATE SIGNED <u>Oct 10 1950</u>
---	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith</u>	24d. LOCATION (City, town, or county) (State) <u>Flat Mo. - Phelps Co.</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-10-50</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo.</u>
--	--	--

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

810

RECEIVED
Phelps County Health Officers

County File Number

Date Filed OCT 25 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Lee Johnson

Signed
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.