

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3718

BIRTH NO. 0050 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5057 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Barry 0050	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Rural, Kings Prairie Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Rural, Kings Prairie Twp.	
c. LENGTH OF STAY (in this place) 10 years		d. STREET ADDRESS (If rural, give location) Southeast of Monett, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Stephen	b. (Middle) M.	c. (Last) Brittenham	4. DATE OF DEATH (Month) (Day) (Year)
				Feb. 23, 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 25, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Demossville, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Stephen Brittenham	13b. MOTHER'S MAIDEN NAME Sarah Race	14. NAME OF HUSBAND OR WIFE Vinitae Brittenham (Dec)
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Alfred Justice	ADDRESS Monett, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>apparently coronary thrombosis</i>		
	II. 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 ^{on} Feb 23, 1951, to _____, 19____, that I last saw the deceased ~~live~~ on _____, 19____, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE Paul D. Herbst Coronar	(Degree or title)	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 2-27-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah	24d. LOCATION (City, town, or county) (State) Southeast of Monett, Mo.
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DATE REC'D BY LOCAL REG. 2-28-51	REGISTRAR'S SIGNATURE W. M. West	12	25. FUNERAL DIRECTOR'S SIGNATURE Bennett-Wormington	ADDRESS Monett, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 2 1957

Dist. File 351-425

Date Filed 3-2-57

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. _____

Student _____
Student Embalmer

Signed Edward Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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.