

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30760**

5. No. 300
v. 10.48
SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 983		
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place) 16 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph 0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2		d. STREET ADDRESS (If rural, give location) 109 no 15th				
3. NAME OF DECEASED (Type or Print) a. (First) Hollie		b. (Middle) S.	c. (Last) Brittain	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1952		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 13 1869	9. AGE (in years) (last birthday) 83		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St Joseph Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph S Brown		13b. MOTHER'S MAIDEN NAME Mary Stiger	14. NAME OF HUSBAND OR WIFE Samuel Brittain			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs J.R. Pickering ADDRESS Chicago Ill			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Senile Psychosis Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? 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, 1952 , to Sept 12, 1952 , that I last saw the deceased alive on Sept 11, 1952 , and that death occurred at 6:15 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE Forrest Thomas M.D. (Degree or title)		23b. ADDRESS St Joseph Mo. State Hosp no 2	23c. DATE SIGNED 9/12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/15/1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Moria Cemetery	24d. LOCATION (City, town, or county) (State) St Joseph Mo.			
DATE REC'D BY LOCAL REG. Sept. 18, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home - St Joseph ADDRESS _____				

0117
2

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

10241 St. Joseph

15

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.

Signed Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.

[Faint handwritten notes at the bottom of the page]