No. 300
10.48

FILED SEP 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29416

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Purcell~~ Neosho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
d. STREET ADDRESS (If rural, give location): 200½ Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Norma b. (Middle) Ilene c. (Last) Brittenham
4. DATE OF DEATH (Month) (Day) (Year): Aug 11, 1953
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1928
9. AGE (In years last birthday): 25 — If under 1 year: Months 0 Days 13 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Purdy, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: William H. Thomas
13b. MOTHER'S MAIDEN NAME: Marzelle Boyer
14. NAME OF HUSBAND OR WIFE: Edward D. Brittenham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-24-0219
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Marzelle Thomas, ADDRESS: Monett, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Car accident

DUE TO (c)

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 ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 71
21c. (CITY, TOWN, OR TOWNSHIP): Newton Co (COUNTY) 072 (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-11-53 3:30 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from* 8-11-53, 19___, *to* 8-11-53, 19___, *that I last saw the deceased alive on* 8-11-53, 19___, *and that death occurred at* 4:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. E. Whitehead (Degree or title) MD
23b. ADDRESS: Neosho, Mo.
23c. DATE SIGNED: 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant
24d. LOCATION (City, town, or county) (State): Southwest of Purdy, Mo.

DATE REC'D BY LOCAL REG.: 8-28-53
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Bennett Warrington, ADDRESS: Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. .....

District File Number 953-168

Date Filed SEP 3 1953

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 J. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.