

STANDARD CERTIFICATE OF DEATH

State File No. 7520

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6189 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Sullivan</u> 1050	
b. CITY OR TOWN <u>Milan - Rural</u>		c. CITY OR TOWN <u>Milan - Rural</u>	
c. LENGTH OF STAY (in this place) <u>82 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant Hill - Tur</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Tur</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Lewis</u> b. (Middle) <u>Britton</u> c. (Last) <u>Britton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-4-1872</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co - Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Thos B. Britton</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Sevier</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie M. McMorris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lyle Britton</u> ADDRESS <u>City - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-8-54</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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 2-8, 1954, to 2-11, 1954, that I last saw the deceased alive on 2-10, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. Simpson</u> (Degree or title)	23b. ADDRESS <u>Milan, Mo.</u>	23c. DATE SIGNED <u>2-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>11st. Zion</u>
24d. LOCATION (City, town, or county) (State) <u>Milan, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sclegue</u> ADDRESS <u>Milan, Mo.</u>	
DATE RECD BY LOCAL REG. <u>Feb. 22-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> 3201	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - 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.