

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30153**

FILED SEP 20 1954

BIRTH NO. 5155954 REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission before) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-OSAGE TWP. 20 DAYS</u>		c. LENGTH OF STAY (In this place) <u>20 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-OSAGE TWP. 2080</u>		d. STREET ADDRESS (If rural, give location) <u>3 MILES E. - DAVISVILLE, MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>VICKI</u> a. (First) <u>BRITTON</u> b. (Middle) <u>BRITTON</u> c. (Last)				4. DATE OF DEATH <u>SEPT. 8 - 1954.</u> (Month) (Day) (Year)					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>AUG. 19 - 1954</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>STEELVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>BETTY JEAN BRITTON</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SCOTT BRITTON - CHERRYVILLE, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible septal defect (congenital).</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7543</u>				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) (Min.)		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 <u>Aug 19, 1954</u> to <u>Sept 4, 1954</u> , that I last saw the deceased alive on <u>Sept 4, 1954</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Scott Britton</u> (Degree or title)				23b. ADDRESS <u>Steleville Mo</u>		23c. DATE SIGNED <u>9/8/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-8-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CZAR CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CRAWFORD COUNTY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>9. 17. 54</u>		REGISTRAR'S SIGNATURE <u>E. Eric Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>NONE</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0280
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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 _____

NOT EMBALMED

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.