

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>20 YRS.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1043 S. BROADWAY</b>		e. STREET ADDRESS (If rural, give location) <b>1043 S. BROADWAY 0396</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>G.</b>	c. (Last) <b>BRITTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 12 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 24 1890</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. MEDICAL CENTER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WARD, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>H.L. BRITTON</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCES APPLE</b>	14. NAME OF HUSBAND OR WIFE <b>CORDA LOIS BRITTON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	(If yes, give war or dates of service) <b>W.W. # 1</b>	16. SOCIAL SECURITY NO. <b>499-18-6306</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CORDA LOIS BRITTON</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection of myocardium due to arteriosclerosis coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 STATE DEATH.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>thrombosis</b>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from 3-10, 1936 to FEB. 12, 1955, that I last saw the deceased alive on FEB. 10, 1955, and that death occurred at 4 P. m., from the causes and on the date stated above.

22. SIGNATURE: <b>Edith Williams M.D.</b>	(Degree or title)	23b. ADDRESS: <b>Springfield Mo.</b>	23c. DATE SIGNED: <b>2/14/55</b>
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24a. BURIAL: CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/15/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>2-14-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williams</b>	25. EMBALMER'S SIGNATURE <b>Edith Williams</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1955

APR 1 1955

**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.....  
Signature of Student Embalmer

Signed *Paul Lombard*.....

Licensed Embalmer No.....

P. O. Address *Spfld.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.