

FILED OCT 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34353

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 151

|                                                                                      |  |                                                                                                                                             |  |
|--------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Dixon</u> |  | c. LENGTH OF STAY (in this place)<br><u>Dixon</u>                                                                                           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                              |  | e. STREET ADDRESS (If rural, give location)<br><u>850</u>                                                                                   |  |

|                                                                                                                        |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Ida</u><br>b. (Middle) <u>Mae</u><br>c. (Last) <u>Brittain</u> | 4. DATE OF DEATH<br>(Month) <u>10</u> (Day) <u>16</u> (Year) <u>1955</u>        |
| 5. SEX<br><u>Female</u>                                                                                                | 6. COLOR OR RACE<br><u>White</u>                                                |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                                               | 8. DATE OF BIRTH<br><u>6/2/1875</u>                                             |
| 9. AGE (In years last birthday)<br><u>80</u>                                                                           | 10. AGE (In years last birthday)<br><u>4</u> <u>15</u> <u>Hours</u> <u>Min.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>        | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                            |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Pulaski County, Missouri</u>                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                 |

|                                                                                                                       |                                             |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------|
| 13a. FATHER'S NAME<br><u>William Allen Vernatti</u>                                                                   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Horace Brittain</u>                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>X</u>         | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Floyd Vernatti, 410 E. Union</u> |
|                                                                                                                       |                                             | ADDRESS<br><u>Edwardsville, Ill.</u>                                          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                        |  |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary oedema</u>                                                                |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hour</u> |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>congestive heart failure</u> |  | <u>1 year</u>                                     |
|                                                                                                                                                                                                                                 | DUE TO (c)                                                                                                                                                             |  |                                                   |
|                                                                                                                                                                                                                                 | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4341</u>                     |  |                                                   |

|                                                 |                                                                                                        |                                                                                     |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION                                                                       | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE<br>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 Jan 2, 1952, to Oct 15, 1955, that I last saw the deceased alive on Oct 15, 1955 and that death occurred at 12:10A m., from the causes and on the date stated above.

|                                                                         |                                                                             |                                                             |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|
| 23a. SIGNATURE<br><u>Donley Gates</u><br>(Degree or title) <u>D.O.</u>  | 23b. ADDRESS<br><u>Dixon, Mo.</u>                                           | 23c. DATE SIGNED<br><u>10-17-55</u>                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>              | 24b. DATE<br><u>10/18/1955</u>                                              | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Dixon Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>Dixon, Missouri</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Fred H. Gilbert, Dixon, Missouri</u> |                                                             |
| DATE REC'D BY LOCAL REG.<br><u>10-18-55</u>                             | REGISTRAR'S SIGNATURE<br><u>Paula Mae Anderson</u>                          |                                                             |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-18-55  
Pulaski County Health Office  
File Number  
Date Filed 10-22-55

### 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 Oct. 16th 1955, Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Fred W. Gilman

Licensed Embalmer No. 23

P. O. Address Aixae

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It is 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.