

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40068**

FILED JAN 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5330** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-OSAGE TWP.	c. LENGTH OF STAY (in this place) 48 YRS.	c. CITY OR TOWN RURAL-OSAGE TWP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MILES E. OF DAVISVILLE, MO.		e. STREET ADDRESS (If rural, give location) 0286	

3. NAME OF DECEASED (Type or Print) JAMES E. BRITTON	a. (First) JAMES	b. (Middle) E.	c. (Last) BRITTON	4. DATE OF DEATH (Month) (Day) (Year) DEC. 21-1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 1-1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) CHERRYVILLE, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILBURN BRITTON	13b. MOTHER'S MAIDEN NAME CORA GODFREY	14. NAME OF HUSBAND OR WIFE DELLA BRITTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FLOYD BRITTON-CHERRYVILLE, MO.	ADDRESS CHERRYVILLE, MO.
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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) Valvular heart lesion -		INTERVAL BETWEEN ONSET AND DEATH 7
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza	DUE TO (c) 4214		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myofibrillar arterio-sclerosis			

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 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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 1, 1955**, to **Dec 21, 1955**, that I last saw the deceased alive on **Dec. 14, 1955**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Thurman	(Degree or title) M.D.	23b. ADDRESS 121 E. High Potosi, Mo.	23c. DATE SIGNED 12-24-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-24-1955	24c. NAME OF CEMETERY OR CREMATORY CZAR CEMETERY	24d. LOCATION (City, town, or county) (State) CRAWFORD COUNTY, MO.
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DATE REC'D BY LOCAL REG. 12/30/55	REGISTRAR'S SIGNATURE Mrs. Hazel Jackson	505	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Hubert	ADDRESS STEELEVILLE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

250

JAN 5 1950

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 *Thomas S. Halbert*.....

Licensed Embalmer No. *431*

P. O. Address *Steckwill*

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