

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41086**

FILED NOV 20 1957

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 65

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| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u> | | c. CITY OR TOWN <u>Southwest City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>10yrs</u> | | f. STREET ADDRESS (If rural, give location) <u>Rural route</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LeeRoy</u> | b. (Middle) | c. (Last) <u>Brittell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1957</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 27, 1874</u> | 9. AGE (In years last birthday) <u>83</u> | if UNDER 1 YEAR Months <u>3</u> Days <u>16</u> | if UNDER 2 HRS. Hours <u>1</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Rancher</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fargat Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Orange Brittell</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Russel</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs Roy Brittell</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Brittell</u> ADDRESS <u>Rt. 1 Southwest City</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</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. | | |

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| 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4222</u> |
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22. I hereby certify that I attended the deceased from Oct. 1957, to Nov. 12, 1957, that I last saw the deceased alive on Nov. 11, 1957, and that death occurred at 6 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Geo. O. Hickey</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Southwest City Mo.</u> | 23c. DATE SIGNED <u>11-13-57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 14-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Farmington Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Farmington Arkansas</u> |
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| DATE REC'D BY LOCAL REG. <u>11-16-57</u> | REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Blanda</u> ADDRESS <u>Gay</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Tom Blum*

Licensed Embalmer No. *993*

P. O. Address *Jay O'Connell*

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.