

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1163
STATE FILE NUMBER
385

FILED FEB 13 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 385

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		c. CITY OR TOWN <u>Kansas City Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>		d. STREET ADDRESS (If outside, give location) <u>8318 Woodland</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mrs Margaret Alice Brittain</u>			4. DATE OF DEATH Month Day Year <u>1-25-1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days <u>6 2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and state or country) <u>Miami Co Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George M Estes</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Sims</u>		14. NAME OF HUSBAND OR WIFE <u>Otis Brittain</u>	
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 Address <u>Warren Brittain 609 W 77th St KC Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 years</u> <u>32 1/2</u>
DUE TO (b) <u>Generalized arteriosclerosis</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>1954</u> to <u>Jan 25, 1958</u> and last saw her alive on <u>Jan 24, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>R. W. Butcher MD</u>		22b. ADDRESS <u>1805 E 80</u>	22c. DATE SIGNED <u>1-25-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-27-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miami Presbyterian near Louisburg Kansas</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>France-Wornall Funeral Home</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-25-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are related. All diseases in Part I must be causally related.

R. W. Butcher

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Russell N. Lang*

Licensed Embalmer No. *4255*
P. O. Address *K O M*

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.