

FILED JUN 13 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 103

S. 300
1-57

8120

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Vichy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in lb 14 Hrs.	d. STREET ADDRESS (If outside, give location) Gen. Delivery
3. NAME OF DECEASED (Type or print) First Middle Last PEGGY SUE BRITTON		4. DATE OF DEATH Month Day Year May 27, 1958	
5. SEX Female	6. COLOR OR RACE Wh.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 27, 1958
9a. AGE (In years last birthday)		9b. UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. 14 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (City and state or country) Rolla, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Baxter Britton	
13b. MOTHER'S MAIDEN NAME Judy Daniels		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) xx		16. SOCIAL SECURITY NO. xxxx	17. INFORMANT Address Baxter Britton, Vichy, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity			INTERVAL BETWEEN ONSET AND DEATH lived 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			776X
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 <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 May 27, 1958 to May 27, 1958 and last saw her alive on May 27, 1958 Death occurred at 4:30 P M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. F. Ambrosian M.D.		22b. ADDRESS Rolla, Mo.	22c. DATE SIGNED 5/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 28, 1958	23c. NAME OF CEMETERY OR CREMATORY James Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Near; Vienna, Missouri
24. FUNERAL DIRECTOR ADDRESS Null & Sons Funeral Home, Rolla		25. DATE RECD. BY LOCAL REG. June 2, 1958	26. REGISTRAR'S SIGNATURE Madine L. Stoeck

RECEIVED

Phelps County Health Officer,

County File Number 1060

Date Filed JUN 12 1958

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 [Handwritten Signature]

Licensed Embalmer No. 3597

P. O. Address _____

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.