

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029727

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED AUG 28 1958 Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Loutre</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>07600</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Francis Isabeal Britt</u>			4. DATE OF DEATH Month Day Year <u>Aug 23 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan-6-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u>17</u> Min.
11. BIRTHPLACE (City and state or country) <u>Jonesburg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13. FATHER'S NAME <u>James Wright</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Patton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs Andy Kleindiest Mc Kittrick, 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>Left Ventricular Failure</u> DUE TO (b) <u>Cardiac Decompensation.</u> DUE TO (c) <u>4342</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
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>7/22/58</u> to <u>8/23/58</u> and last saw ^{her} _{him} alive on <u>8/23/58</u> Death occurred at <u>11:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>S. W. Horton D.O.</u>		22b. ADDRESS <u>Hermann, Mo.</u>	22c. DATE SIGNED <u>8/25/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug-25-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Baptist Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Big Springs Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Baker Funeral Home Americus, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>aug. 25 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *O. B. Baber*

Licensed Embalmer No.....337

P. O. Address...Americus, M

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