

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9-000732  
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL-OSAGE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>RURAL-OSAGE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 MI. S. CHERRYVILLE</b>			Length of stay in 1b <b>4 YRS.</b>		d. STREET ADDRESS (If outside, give location) <b>2 MI. S. CHERRYVILLE, MO.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CLAUDE JONES BRITTON</b>				4. DATE OF DEATH Month Day Year <b>JAN. 28 - 1959</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>APRIL 22 - 1903</b>		
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>CHERRYVILLE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>JAMES E. BRITTON</b>				14. MOTHER'S MAIDEN NAME <b>ELLA WORLEY</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>493-10-5384</b>		17. INFORMANT <b>ALICE BRITTON - CHERRYVILLE, MO.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac dilation, acute</b> DUE TO (b) <b>Chronic Bronchial Asthma</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b> <b>16 months</b>	
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.) <b>2412</b>					
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 <b>Sept, 1958</b> to <b>Jan 19 1959</b> and last saw <b>her</b> alive on <b>Jan 10, 1959</b> Death occurred at <b>6:15 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>				22b. ADDRESS <b>Steelville Mo</b>		22c. DATE SIGNED <b>2/2/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-31-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CZAR CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>CRAWFORD COUNTY - MO.</b>		
24. FUNERAL DIRECTOR <b>Thomas D. Hubert - STEELVILLE, MO.</b>			25. DATE REGD. BY LOCAL REG. <b>2/3/59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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

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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 e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Shamas S. Halberstam*

Licensed Embalmer No. *43*

P. O. Address *Steubenville*

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