

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024337

X FILED VS JUL 22 1959 43

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 327

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Rombauer		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. No. of Rombauer		d. STREET ADDRESS (If outside, give location) Route # 3	

3. NAME OF DECEASED (Type or print) First DON Middle BRITTAIN Last			4. DATE OF DEATH Month June Day 30 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-1914	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W. O. Brittain	13b. MOTHER'S MAIDEN NAME Victoria Brogden	14. NAME OF HUSBAND OR WIFE Naomi Jackson Brittain	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 432-07-7137	17. INFORMANT Mrs. Naomi Brittain Poplar Bluff, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Basal Skull Fracture	
DUE TO (b)	Auto-Train Collision	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto crossing R.R. struc k by Frisco Train
20c. TIME OF INJURY: Hour 12:15 PM a.m. 6-30-59 Month, Day, Year		

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.) R.R. Crossing	20f. CITY, TOWN, OR LOCATION Near Rombauer	COUNTY Butler	STATE Missouri
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) Glover W. Greer Coroner		22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 7-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-59	23c. NAME OF CEMETERY OR CREMATORY Brown Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Near Brosley, Missouri
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Funeral Home		25. DATE RECD. BY LOCAL REG. 7/11/59	26. REGISTRAR'S SIGNATURE R. M. Muehle

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

RECEIVED
JUL 17 1959
BUTLER CO. HEALTH CENTER

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FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Philip J. Cassery

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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.

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