

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025011

FILED VS AUG 14 1959 49

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 3702 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Calif. b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo'		c. CITY OR TOWN Ventura	
Length of stay in lb 3da.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WALTER BRITTAIN			4. DATE OF DEATH Month Day Year JULY 30 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-16-1893	9. AGE (last birthday) 65	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rig Builder		11. BIRTHPLACE (City and state or country) Okla.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME James Brittain		13b. MOTHER'S MAIDEN NAME Augusta Cecil		14. NAME OF HUSBAND OR WIFE Eva Brittain	
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. 444-07-4314		17. INFORMANT Sarah G. McAnally	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma			INTERVAL BETWEEN ONSET AND DEATH 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Liver			
DUE TO (c) Cirrhosis of Liver			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Esophageal Varicosities			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

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	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7/28/59 to 7/30/59 and last saw him alive on 7/30/59.				
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE Joseph A Fogarty (Degree or title)		22b. ADDRESS 402 Wirthman Bldg K 10 No		22c. DATE SIGNED 7/31/59
23a. BURIAL OR CREMATION (Specify) Burial	23b. DATE Aug. 4 - 1959	23c. NAME OF CEMETERY OR CREMATORY Cleveland Cemetery	23d. LOCATION (City, town, or county) Near Cleveland Mo'	
24. FUNERAL DIRECTOR MELLODY-McGILLEY-EYLAR		25. DATE RECD. BY LOCAL REG. 7-31-59		26. REGISTRAR'S SIGNATURE Vera Marshall
WOODLAND & LINWOOD				

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF JOSEPH A. FOGARTY

2000 0 7 1959

**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 George A. Jackson

Licensed Embalmer No. 5059

P. O. Address K C Mo

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