DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ED VS AUG 1 9 1959

59–029479
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 383

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1721 Moffet
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLAUDETTE Middle: MARSHA Last: SUMNERS BRITTEN

4. DATE OF DEATH Month Day Year: July 29. 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-3-1936

9. AGE (last birthday): 22

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (City and state or country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Berl Sumners

13b. MOTHER'S MAIDEN NAME: Elsie Marsh

14. NAME OF HUSBAND OR WIFE: William Britten

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.: None

17. INFORMANT: William Britten Address: Joplin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Malignant Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fatty Degen Liver — unknown
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7/20/59, to 7/29/59 and last saw her ~~him~~ alive on 7/28/59
Death occurred at 5:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]

22b. ADDRESS: 2125 Jackson, Joplin, Mo

22c. DATE SIGNED: 8/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 31,1959

23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR: Thornhill-Dillon ADDRESS: Joplin, Missouri

25. DATE RECD. BY LOCAL REG.: 8-12-1959

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert C. Roller

Signature of Student Embalmer

Licensed Embalmer No. 5062

P. O. Address Joplin, M

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