

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032888

FILED VS OCT 5 1959

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

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knox City		Length of stay in 1b 2 Yrs		c. CITY OR TOWN Knox City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		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 EDWARD Middle ALONZO Last BRITTON				4. DATE OF DEATH Month Sept Day 23 Year 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 5 Days 24 Hours Min. 		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Truck Hauling		11. BIRTHPLACE (City and state or country) Lesterville Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alonzo Britton			13b. MOTHER'S MAIDEN NAME Mary Fowler		14. NAME OF HUSBAND OR WIFE Edward Britton		
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. 486-14-6059		17. INFORMANT Bertha Britton Knox City Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Gastritis 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						INTERVAL BETWEEN ONSET AND DEATH Immediate 30 minutes	
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 Hour _____ a.m. _____ p.m. 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9-23-59 to 9-23-59 and last saw him alive on 9-23-59 Death occurred 11:55 A. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Waldo B. Stom (Degree or title) K. D.				22b. ADDRESS Knox City, Missouri		22c. DATE SIGNED 9-24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 26 1959	23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		23d. LOCATION (City, town, or county) Knox City Missouri			
24. FUNERAL DIRECTOR A J Sieger Knox City Mo.		ADDRESS 16-5-59		25. DATE RECD. BY LOCAL REG. Thomas C Dunder		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 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 *W. J. Jeff*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. A. Miller Jr.*
Licensed Embalmer No. 4328

P. O. Address *St. B. Ill.*

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.