

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026275

STATE FILE NUMBER

INDEXED

Bluff # 783
 Registration District No. 77
 FILED VS AUG 8 1960

Primary Registration District No. 3016 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY 6th 13min		Length of stay in 1b	c. CITY OR TOWN JEFFERSON CITY		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1619 DEEN BERRY		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROY Middle REASE Last BRITT			4. DATE OF DEATH Month AUGUST Day 2 Year 1960			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-60	9. AGE (last birthday)	10. IF UNDER 1 YEAR IF UNDER 24 HR Months — Days — Hours 6 Min. 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) JEFFERSON CITY U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME BENNIE BRITT		13b. MOTHER'S MAIDEN NAME LORENE WARREN		14. NAME OF HUSBAND OR WIFE		
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.	17. INFORMANT Address MRS LORENE BRITT 1619 DEEN BERRY			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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						
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 2 Aug 60 to 2 Aug 60 and last saw him alive on 2 Aug 60 Death occurred at 12:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) D.P. Stephen, M.D.			22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 2 Aug 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-3-60	23c. NAME OF CEMETERY OR CREMATORY 209 PROVIDENCE	23d. LOCATION (City, town, or county) COLUMBIA	STATE MO.		
24. FUNERAL DIRECTOR Mrs. Stuart Parker		ADDRESS Columbia	25. DATE RECD. BY LOCAL REG. 8-3-60	26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. - Richter, Dp		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George D. Veanna

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 D. Veanna*

Licensed Embalmer No. *4425*
P. O. Address *Columbia,*

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.