

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035558

FILED VS OCT 11 1960

231 Primary Registration District No. 4848 Registrar's No. 48

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		c. CITY OR TOWN Wellsville	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 Continental		d. STREET ADDRESS (If outside, give location) 600 Continental	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SHIRLEY Middle JOSEPH Last BRITT			4. DATE OF DEATH Month Sept. Day 26 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30, 1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 11 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teamster		10b. KIND OF BUSINESS OR INDUSTRY driving team	11. BIRTHPLACE (City and state or country) Auxvasse		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Joseph Brett		13b. MOTHER'S MAIDEN NAME Amanda Wilson		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) no	16. SOCIAL SECURITY NO. 494-22-2806	17. INFORMANT Miss Lillie Brett, Wellsville Mo	Address
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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 2 years no more 2 years 2 years
IMMEDIATE CAUSE (a)	Cardiac Decompensation with edema	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	Chronic Bronchial Asthma	
DUE TO (b)	Pericardial Effusion	
DUE TO (c)	Pericardial Swelling	
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 7:55 a.m. 58 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 **7:55** to **9:26.60** and last saw her/him alive on **9.26.60**
Death occurred at **4:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	(Degree or title) M.D. Wellsville, Missouri	22b. ADDRESS Auxvasse, Missouri	22c. DATE SIGNED 9/28/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 28 1960	23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	23d. LOCATION (City, town, or county) (State) Auxvasse, Mo
24. FUNERAL DIRECTOR Wells Funeral Home, Wellsville, Mo.	25. DATE RECD. BY LOCAL REG. 29-1960	26. REGISTRAR'S SIGNATURE Laura S. Callaway	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____ Signed Howard Myers
Signature of Student Embalmer

Licensed Embalmer No. 4494

P. O. Address Wellsville,

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