

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009628
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 17

FILED FEB 21 1962

VS-300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
yo 70				
2 10 70				
3				
4 0				
5 1				
6				
7 0				
8 0				
9 420.1				
10	MEDICAL CERTIFICATION	BY AFFIDAVIT OF		
11				
12 1-0				
13 4-0				
	ITEM NO.	SHOULD READ		

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSTON</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>HOUSTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TEX. CO. MEM. HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>White Rock Community</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALEXANDER BRITZMAN</u>		4. DATE OF DEATH Month Day Year <u>2-10-1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-21-1886</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - SALSAMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>HOUSTON, MO RURAL</u>
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		13a. FATHER'S NAME <u>CHARLES BRITZMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>ROSA SPERAGALSKI</u>		14. NAME OF HUSBAND OR WIFE <u>VIIVIAN DURNELL</u>	
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. <u>UNKNOWN</u>	17. INFORMANT <u>VIIVIAN BRITZMAN</u> Address <u>HOUSTON, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute and Extensive Myocardial Infarction 16 hr.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Arteriosclerotic Heart Disease</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 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. <u>4:15 p.m.</u>		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 <u>HOUSTON, MISSOURI</u>		COUNTY <u>TEXAS COUNTY</u>	STATE <u>MO</u>
21. I attended the deceased from <u>1 AM 2-10-62</u> to <u>4:15 PM 2-10-62</u> and last saw him alive on <u>2-10-62</u> Death occurred at <u>4:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joe A. Wall MD</u> (Degree or title)		22b. ADDRESS <u>HOUSTON, MISSOURI</u>	22c. DATE SIGNED <u>2-13-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>FUNERAL</u>	23b. DATE <u>2-13-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GERMAN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>TEXAS COUNTY, MO</u>
24. FUNERAL DIRECTOR <u>L.F. EVANS, HOUSTON, MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mountain Grove

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