

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8807

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER 44	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 48 yrs.		d. STREET ADDRESS (If rural, give location) 901 1/2 Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 1/2 Main St.		d. STREET ADDRESS (If rural, give location) 901 1/2 Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) ESTLE b. (Middle) L. c. (Last) BRITTAIN			4. DATE OF DEATH (Month) (Day) (Year) 3 28 49		
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single U	8. DATE OF BIRTH Apr. 8, 1896	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Days 11 Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Brittain	13b. MOTHER'S MAIDEN NAME Oro Brittain	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jack Brittain	ADDRESS Joplin, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Blood Induced Stump		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from March 7, 1949, to March 26, 1949, that I last saw the deceased alive on March 26, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John W. Douglas M.D. (Degree or title)	23b. ADDRESS 210 West 32nd St. Joplin Mo.	23c. DATE SIGNED 8-2-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin Mo.
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DATE REC'D BY LOCAL REG. 4-4-49	REGISTRAR'S SIGNATURE Edw. James	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary, Joplin, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49-3-280

MAY 7 1956

MAY

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
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address *Joplin Mo*

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 this body is not embalmed, fact should be so stated above.