

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27432

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 605 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 Broadway			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bertha	b. (Middle) Barbara	c. (Last) BRITT	Aug. 22-50		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 20, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis Eckstein	13b. MOTHER'S MAIDEN NAME Lena Wagner	14. NAME OF HUSBAND OR WIFE Mack Britt - deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allie Patton - Elsberry, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS		DUPLICATE		1 DAY
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SINUS BRADYCARDIA		7 wks
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		332A
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		5 wks
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

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)
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?

22. I hereby certify that I attended the deceased from 8-21, 1950, to 8-22, 1950, that I last saw the deceased alive on 8-21, 1950, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.	23b. ADDRESS ELS BERRY, MO	23c. DATE SIGNED 8/23/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 24, 1950	24c. NAME OF CEMETERY ELSBERRY CITY CEM.
24d. LOCATION (City, town, or county) Elsberry, Mo.		(State)

DATE REC'D BY LOCAL REG. Aug 25/50	REGISTRAR'S SIGNATURE Mrs. A. Dwyer	164	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Elsberry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

570-1

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 31 1990

RECEIVED

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 *W. G. ...*

Licensed Embalmer No. 4012

P. O. Address Edsberry, 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.