

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1000 Registrar's No. 5191

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 Garfield</u>			d. STREET ADDRESS (If rural, give location) <u>309 Garfield 310</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>Britton</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12 8-50</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1880</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours	# UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Do not know</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elba Carl Britton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alcott</u>			ADDRESS <u>309 Garfield KCMO</u>		
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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)		<u>Cerebral hemorrhage</u>				<u>8 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>				<u>unknown</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>				<u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 15, 1945, to Dec 8, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 12:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Helen M. Henry</u> (Degree or title) <u>Helen M. Henry MD</u>		23b. ADDRESS <u>205 Garfield</u>		23c. DATE SIGNED <u>12-8-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		
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DATE REC'D BY LOCAL REG. <u>12-9-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Passavino Bros</u>		ADDRESS <u>KCMO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *J. S. Walton*

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *K. C. 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.