

FILED JAN 22 1951 STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 59

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph.</u>	c. LENGTH OF STAY (in this place) <u>Three days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty.</u> <u>02/1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS (If rural, give location) <u>211 N. Water.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AREH</u> b. (Middle) <u>R.</u> c. (Last) <u>BRITTON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1951.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>7-?-1872.</u>	9. AGE (In years last birthday) <u>79</u> If under 1 year: Months <u>?</u> Days <u>?</u> If under 12 mos. Hours <u>?</u> Min. <u>?</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (State or foreign country) <u>Clay County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Britton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Whitaker.</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie R. 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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie R. Britton, Liberty Mo.</u>	ADDRESS <u>Liberty Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>8 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	DUE TO (c) <u>Senile Dementia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>			

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)	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 5-8-1950, to 1-18-1951, that I last saw the deceased alive on 1-17-, 1951, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Forest Thomas.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2.</u>	23c. DATE SIGNED <u>1-18-1951.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>None</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl E. Casler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Orchard</u>	ADDRESS <u>Liberty Mo</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John Embury*.....

Licensed Embalmer No. *4448*.....

P. O. Address *Liberty, 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.