

FILED JAN 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 362
REGISTRATION NO. 2239

BIRTH NO. _____ REG. DIST. NO. 413 PRIMARY REG. DIST. NO. 3007 Registrar's No. 2239

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution, give name of institution before admission) a. STATE Missouri b. COUNTY Butler c. CITY OR TOWN Wayne	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Beeper	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			
3. NAME OF DECEASED a. (First) Edward b. (Middle) Levy c. (Last) Britt			4. DATE OF DEATH (Month) (Day) (Year) 1/14/52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1870
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR 3 Months 11 Days	IF UNDER 4 HRS. 11 Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Hardin, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Levy Britt	
13b. MOTHER'S MAIDEN NAME Anna Britt		14. NAME OF HUSBAND OR WIFE Leeper, Mo.	
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.	17. INFORMANT'S SIGNATURE OR NAME RURAL BRITT ADDRESS Leeper, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Arterio-sclerosis general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		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) _____		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 Jan. 4 1952, to Jan. 14 1952, that I last saw the deceased alive on Jan. 14 1952, and that death occurred at 10:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE William H. Johnson (Degree or title)		23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED 1-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/18/52	24c. NAME OF CEMETERY OR CREMATORY Clay
24d. LOCATION (City, town, or county) (State) Near Leeper, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home ADDRESS Piedmont, Mo.	
DATE REC'D BY LOCAL REG. Jan. 22 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson 425-0	

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

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RECEIVED

JAN 28 1952
BUTLER CO. HEALTH CENTER

FILE No. 157-58

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Pidmunt N

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.