

5. No. 300
rv. 10.48

FILED MAY 22 1952

STANDARD CERTIFICATE OF DEATH

17194
State File No.

2610
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BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>572V</u>		Registrar's No. <u>50</u>		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Morrow</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Morrow</u>		<u>0610</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8' mi. SW of Callao</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mi. SW of Callao</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) _____ c. (Last) <u>Britt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 18, 1870</u>		9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hour _____ Min. _____
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>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Alec Britt</u>			13b. MOTHER'S MAIDEN NAME <u>Liza Dean</u>		14. NAME OF HUSBAND OR WIFE <u>Barbara Ann Britt</u>			
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 ADDRESS <u>Paul Britt Jr. Callao, Mo.</u>				
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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Terminal Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>						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)		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 <u>April 4, 1952</u> to <u>April 22, 1952</u> , that I last saw the deceased alive on <u>7/22, 1952</u> and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Print name or title) <u>Ruth McNeely</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>4/24/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College Mound</u>		24d. LOCATION (City, town, or county) (State) <u>College Mound, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/5/52</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon Mo</u>		

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

MAR 6 1963

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MAGON COUNTY HEALTH DEPARTMENT
County File No. 5.52.91
Date Filed 5.9.52

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 Thos. L. Ball

Licensed Embalmer No. 4552

P. O. Address Macon, 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.