

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23309  
Registrar's No. 184

**DEAD** JUL 5 1952 REG. DIST. NO. 933 PRIMARY REG. DIST. NO. 6115

1. PLACE OF DEATH a. COUNTY <u>STODDARD Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-RICHLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SIKESTON R70 #1</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON R #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHNNY</u> b. (Middle) <u>-</u> c. (Last) <u>BRITT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-28-1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT 14 1950</u>
9. AGE (In years last birthday) <u>1</u> Months <u>6</u> Days <u>17</u>		9. AGE (In years last birthday) <u>1</u> Months <u>6</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. NAME OF HUSBAND OR WIFE <u>-</u>	
13a. FATHER'S NAME <u>JOHN VERNON BRITT</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN DAVIS</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>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Britt - Sikeston MO R #1</u>		ADDRESS <u>-</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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	
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) (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 <u>8-1-1952</u> , to <u>4-28-1952</u> , that I last saw the deceased alive on <u>5-6-1952</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed Nienstedt MD</u> (Degree or title)		23b. ADDRESS <u>Sikeston MO</u>	
23c. DATE SIGNED <u>6-14-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-29-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO R1</u>	
DATE REC'D BY LOCAL REG. <u>6-23-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter 429</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Home - Sikeston MO</u>		ADDRESS <u>-</u>	

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

RECEIVED

JUN 30 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 652-200

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 \_\_\_\_\_

*Raymond Crews*

Signed.....

Student Embalmer

Licensed Embalmer No. 3467

P. O. Address. Sebastian 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.