

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28955**
Registrar's No. **257**

FILED AUG 20 1952

REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

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1

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 E. 12th St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
3. NAME OF DECEASED a. (First) Margaret		b. (Middle)	
c. (Last) Britt		4. DATE OF DEATH (Month) (Day) (Year) Aug 5, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April, 1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 8 Days 4	IF UNDER 24 HRS. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George A. McCullough		13b. MOTHER'S MAIDEN NAME Caronia V. Beam	
14. NAME OF HUSBAND OR WIFE Andrew Britt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE, NAME AND ADDRESS Frank McCullough, 1110 E. 12th, Sedalia, Mo.	
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vascular disease with Arteriosclerosis, general type DUE TO (c) Arteriosclerosis, general type II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, peripheral	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12 Aug 1949 , to 5 Aug 1952 , that I last saw the deceased alive on 4 Aug 1952 , and that death occurred at 12:00 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Carl Siegel		23b. ADDRESS 1216 West 18th St Sedalia, Mo.	
23c. DATE SIGNED 8/7/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/7/52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill	
24d. LOCATION (City, town, or county) (State) Sedalia, Mo.		25. FEDERAL DIRECTOR'S SIGNATURE W. J. Camp	
DATE REC'D BY LOCAL REG. 8/7/52		REGISTRAR'S SIGNATURE W. J. Camp	
26. ADDRESS Sedalia, Mo.		27. ADDRESS Sedalia, Mo.	

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

R. E. Baker

Signed.....

Student Embalmer

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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.