

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

35778

FILED OCT 23 1953

State File No. \_\_\_\_\_

4744

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>35 years</u>		e. STREET ADDRESS (If rural, give location) <u>8318 Woodland Avenue 3958</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8318 Woodland Avenue 3958</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>	b. (Middle) <u>L</u>	c. (Last) <u>BRITTAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1953</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>June 12 1881</u>	9. AGE (In years last birthday) <u>72</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 MRS. Hours	if UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>B.M.A. Bldg. 215 Parkview Road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LEBANON KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Brittain</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET A. BRITTAIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>486-26-2507</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET A. BRITTAIN</u> ADDRESS <u>8318 Woodland</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>			<u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>chronic hypertension</u>			<u>5 yrs</u> <u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic arteriosclerosis</u>		<u>10 yrs</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/501</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Apr 11, 1952, to Sept 30, 1953, that I last saw the deceased alive on Sept 30, 1953 and that death occurred at 9:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald R. Collins</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>W. 10 Woodland</u>	23c. DATE SIGNED <u>10-2-53</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miami Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-2-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Stickney</u> ADDRESS <u>7300 Proprietor</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Signature of Student Embalmer

Signed *Charles H. Stiepen*.....

Licensed Embalmer No. *4568*.....

P. O. Address *KC, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.