

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26796

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 824

1. PLACE OF DEATH
a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY GREENE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD

c. CITY OR TOWN SPRINGFIELD

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ALLEY BETWEEN PHELPS & MILL

e. STREET ADDRESS (If rural, give location) 410 W. TAMPA 0296

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS b. (Middle) J. c. (Last) BRITTIAN

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 1 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH OCT. 14 1886

9. AGE (In years last birthday) 67 If UNDER 1 YEAR Months Days If UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY *****

11. BIRTHPLACE (City and State or Foreign Country) DALLAS COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE B. BRITTIAN

13b. MOTHER'S MAIDEN NAME EVA STEVENSON

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES

(If yes, give war or dates of service) W.W. # 1

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MYRTLE LYNN SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion

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.

INTERVAL BETWEEN ONSET AND DEATH Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION UNATTENDED BY A PHYSICIAN

20. AUTOPSY? YES 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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that ~~the deceased was~~ ~~born on~~ _____, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE Edith Williamson Local Registrar of Vital Statistics

23b. ADDRESS Greene County Court House Springfield, Missouri

23c. DATE SIGNED 9/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 9/4/54

24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY

24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG. 9/3/54 REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.

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

SEP 23 1954

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 *Lucian J. Swadley*.....

Licensed Embalmer No. *21515*.....

P. O. Address *Spring*.....

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.