

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2318**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>	c. LENGTH OF STAY (in this place) <b>15 Hours</b>	c. CITY OR TOWN <b>Elsberry</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mineral Springs Hospital</b>		STREET ADDRESS (If rural, give location) <b>0570</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William Tate</b> b. (Middle) <b>Britt</b> c. (Last) <b>Britt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Sept. 1868</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>4</b> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone Mason</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>

13a. FATHER'S NAME <b>John H. Britt</b>		13b. MOTHER'S MAIDEN NAME <b>Cordia Hawkins</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Tom Britt Carthage, Mo.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>27 Hrs. 7</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Ventricular Fibrillation</b>		<b>6 Months</b>
	DUE TO (c) <b>Rheumatic Heart disease</b>		<b>60 Years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>416x</b>			

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)		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 **Jan. 21st 1956**, to **Jan. 22nd 1956**, that I last saw the deceased alive on **Jan. 22nd 1956**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David L. Bulgea DO</b>		23b. ADDRESS <b>Louisiana, Mo.</b>		23c. DATE SIGNED <b>Jan. 22, '56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/25/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>American Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Louisiana Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. M. Collier - Louisiana</b>			
DATE REC'D BY LOCAL REG. <b>1/25/56</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier 374</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. M. Collier - Louisiana</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

YMO.

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 *Geo. M. Callier*.....

Licensed Embalmer No. *282*

P. O. Address *Louisiana*.....

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.