

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5680**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4346** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Montgomery City Mo</b>		c. LENGTH OF STAY (In this place) <b>49yr</b>	c. CITY OR TOWN <b>Montgomery</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>George</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Britt</b>	<b>3-5-56</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>I-25-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Prices Branch Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Tandy W. Britt</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Stephens</b>	
13c. NAME OF HUSBAND OR WIFE <b>Mittie Russell</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Harris Maupin</b>		ADDRESS <b>Mexico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  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 <b>By accident from fire started from a un known origin</b> 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"/>		21. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>Montgomery City Mo</b>		(COUNTY) <b>16</b> (STATE) <b>070</b>	
21d. TIME OF INJURY <b>3--5--56-9:45pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Burning of trailor house</b>		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>XX</b> , 19__, to <b>3-5-56</b> , 19__, that I last saw the deceased alive on <b>XX</b> , 19__, and that death occurred at <b>9:45 pm</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>L.E. Robertson</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Montgomery City Mo</b>	
23c. DATE SIGNED <b>3-6-56</b>		23d. ADDRESS	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-7-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-7-1956</b>		REGISTRAR'S SIGNATURE <b>Laura S. Callaway</b>	
500-		FUNERAL DIRECTOR'S SIGNATURE <b>W. H. King</b> ADDRESS <b>Montgomery City MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

0700

MAR 13 1953

STATEMENT BY LICENSED EMBALMER

Not

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 *C. W. Hopkins*

Licensed Embalmer No. I487

Montgomery City Mo  
P. O. Address .....

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.