

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30719

STATE FILE NUMBER

FILED SEP 26 1957

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 217 E. Whitley	
Length of stay in 1b 8 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William I Britt			4. DATE OF DEATH Month Day Year Sept. 15, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 15, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Pocahontas, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Zach Britt		13b. MOTHER'S MAIDEN NAME Caroline Byleau		14. NAME OF HUSBAND OR WIFE Mrs. Mary 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 Mrs. Mary Britt	
				Address 217 E. Whitley Mexico, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Bronchiectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 526x DUE TO (c) 526x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inferiority of age & Cardio renal disease.			INTERVAL BETWEEN ONSET AND DEATH 1 month 10 yrs		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-5-57 to 9-15-57 and last saw her/him alive on Sept 15, 1957 Death occurred at 11- A m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE J. Kallenbach M.D.		(Degree or title) M.D.		22b. ADDRESS Mexico, Mo		22c. DATE SIGNED 9-16-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-17-1957		23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery		23d. LOCATION (City, town, or country) (State) Laddonia, Missouri	

24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		ADDRESS Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Sept 16-1957		26. REGISTRAR'S SIGNATURE Berencie Geely	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 18 1958

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 *Philip Langham*

Licensed Embalmer No. *3139*

P. O. Address *Meriden, M.*

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.