

Health, Welfare, Public Service

FILED FEB 3 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 880 REGISTRAR'S NO. 108

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH a. COUNTY Greene b. CITY Springfield c. FULL NAME OF (IF NOT in hospital, give location) Burge Hospital d. STREET ADDRESS Rt. 6 Box 439

3. NAME OF DECEASED First MIDDLE Last JAKE C. BRITTON 4. DATE OF DEATH January 30, 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 30 Sept. 1884 9. AGE 73

10a. USUAL OCCUPATION Railroad Oiler 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE Tennessee 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Britton 13b. MOTHER'S MAIDEN NAME Sarah Peters 14. NAME OF HUSBAND OR WIFE Meady Britton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? No 16. SOCIAL SECURITY NO. ? 17. INFORMANT Hospital Records

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus

20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 4-19-51 to 1-30-58 and last saw her alive on 1-30-58 Death occurred at 3:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. M. K. Kuzner M.D. (Degree or title) 22b. ADDRESS 1630 N. Jefferson Springfield, Missouri 22c. DATE SIGNED 1-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-1-58 23c. NAME OF CEMETERY OR CREMATORY White Chapel 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR J. Kuzner & Co. ADDRESS Spgfd Mo. 25. DATE RECD. BY LOCAL REG. 1-31-58 26. REGISTRAR'S SIGNATURE Effie G. Melton

(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.

MAR 21 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 *Mal Rhoad* .....

Licensed Embalmer No. 407 .....  
P. O. Address *Spina* .....

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.