THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026121

STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lebanon Hgwy 5 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) LEBANON-RURAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Roach 0150 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Resort Lake Rd. 45 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: John Middle: Sylvester Last: Britton

4. DATE OF DEATH Month Day Year: July 8, 1958

5. SEX: Male 6

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: August 19, 1895

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: resort

11. BIRTHPLACE (City and state or country): Ellis, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Flossie Cyrus BRITTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-12-0684

17. INFORMANT: Flossie Britton — Address: Little Island Resort Roach, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ruptured Thrombotic Myocardial Infarction — 30 min
DUE TO (c) Arteriosclerosis 4201 — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 a.m. p.m. Month, Day, Year

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 10 00 pm 7/8/58 to Death and last saw her/him alive on 7/8/58
Death occurred at 1:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth E. Mitchem D.O.2

22b. ADDRESS Camdenton, Mo.

22c. DATE SIGNED 7/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial July 8 1958

23b. DATE July 8-1958

23c. NAME OF CEMETERY OR CREMATORY Mack's Creek Cemetery

23d. LOCATION (City, town, or county) (State) Macks Creek, Missouri

24. FUNERAL DIRECTOR OR PERSON ADDRESS L.B. Jones Funeral Home Buffalo, Mo.

25. DATE RECD. BY LOCAL REG. 7-8-1958

26. REGISTRAR'S SIGNATURE Ella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 3 1959

JUL 21 1961

Received JUL 14 1958

Laclede County Health Unit

File No. 113

Date Filed JUL 14 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 Walter P. Hedge

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.