

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033627
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 23 / Primary Registration District No. 3048 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside Corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clearmont 0740
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN ALEXANDER BRITT			4. DATE OF DEATH Month Day Year 9/14/1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/25/1903
9a. AGE (In years of birthday)		9b. FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of occupation (retired)) cement finisher		10b. KIND OF BUSINESS OR OCCUPATION Masonry Work	11. BIRTHPLACE (City and state or country) Mounds, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
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. unknown	
17. INFORMANT Dorothy Davidson		Address Clearmont 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) Brain contusion & Concussion Multifocal fracture, internal rupture DUE TO (b) automobile accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 46 hrs 46 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Car (pickup) He was driving but by another car		20c. TIME OF INJURY Hour Month, Day, Year 6 p.m. 9 12 58	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71 Highway North Clearmont Missouri	
20f. CITY, TOWN, OR LOCATION Maryville		COUNTY STATE Nodaway Missouri	
21. I attended the deceased from Death occurred at 4 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. from 9/12/58 to 9/14/58 and last saw him alive on 9/14/58			
22a. SIGNATURE (Degree or title) B. F. Byland M.D.		22b. ADDRESS Maryville Mo	
22c. DATE SIGNED 9/15/58		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 9/18/1958		23c. NAME OF CEMETERY OR CREMATORY Mounds Cem	
23d. LOCATION (City, town, or county) Mounds Ill		(State)	
24. FUNERAL DIRECTOR Edn Atchison		25. DATE RECD. BY LOCAL REG. 9-20-58	
ADDRESS Maryville		26. REGISTRAR'S SIGNATURE Bess Holt	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 8 1958

OCT 28 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 G M Althouse

Licensed Embalmer No. 2279
P. O. Address Wayville

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.