

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035440
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 496

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|--|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Brown</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Brown</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Columbia</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brown County Hosp.</u> | | Length of stay in 1b <u>4 weeks</u> | d. STREET ADDRESS (If outside, give location) <u>0103 3 1/2 N. Keith</u> |
| 3. NAME OF DECEASED (Type or print) First <u>ELSIE</u> Middle <u>WILMA</u> Last <u>BRITT</u> | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>2</u> Year <u>1958</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>3 Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 25 - 1896</u> |
| 9. AGE (In years last birthday) <u>62</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Reape county Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Robert Fullmer</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Clara Evans</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wosh Britt</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Wosh Britt</u> | | Address <u>Columbia, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Epidermoid Carcinoma Cervix</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 <input checked="" type="checkbox"/> NO <input 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.) <u>171 X</u> | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 Death occurred at <u>Feb 28, 1958</u> to <u>Nov 2, 1958</u> and last saw her alive on <u>Nov 2, 1958</u> <u>6:05 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John Modlin M.D.</u> | | 22b. ADDRESS <u>Prof. Bldg. Columbia Mo</u> | 22c. DATE SIGNED <u>Nov 4, 1958</u> |
| 23a. BURIAL, CREMATION, RESURRACTION (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 6-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Franklin</u> | 23d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Mrs Stewart Parker, Columbia, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Nov. 5 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 5 1959

VS APR 28 1960

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 *George H. Green*

Licensed Embalmer No. *4720*

P. O. Address. *Marshall, Mo.*

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.