Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-000257
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 104

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1204 S. 29th St. — Length of stay in 1b: 6 years.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph c117 o — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1204 S. 29th Street — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Oda Middle: Florence Last: Britton

**4. DATE OF DEATH** Month Day Year: January 23, 1959.

**5. SEX**: Female 1

**6. COLOR OR RACE**: White

**7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

**8. DATE OF BIRTH**: June 4, 1874

**9. AGE** (In years last birthday): 84 — 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): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Shelby County, Ohio. 1

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Volney Sanders

**13b. MOTHER'S MAIDEN NAME**: Emma Drake

**14. NAME OF HUSBAND OR WIFE**: Charles J. 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.**: none

**17. INFORMANT**: Mrs. J. E. Weedin Address: St. Joseph, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Acute Coronary occlusion | Stat |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Sen Arteriosclerosis | yrs |
| DUE TO (c) | Senility | yrs |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypo chronic anemia 4201

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X] 2

**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 1950, to 1959 and last saw her alive on about 2 mo ago
Death occurred at 11:30 A M m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Mt. Grimes MD

**22b. ADDRESS**: St Joseph Mo

**22c. DATE SIGNED**: 1-27-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE**: Jan. 24, 1959.

**23c. NAME OF CEMETERY OR CREMATORY**: Fletcher Cemetery

**23d. LOCATION** (City, town, or county) (State): Fletcher, Ohio.

**24. FUNERAL DIRECTOR**: Meierhoffer - Freeman, Inc. ADDRESS: St. Joseph, Mo.

**25. DATE RECD. BY LOCAL REG.**: Jan 29, 1959

**26. REGISTRAR'S SIGNATURE**: Mr. Clark Goodell

(Licensed Embalmer's statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. M. E. Grimes

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 Albert E. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.