

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025907  
STATE FILE NUMBER

FILED VS AUG 13 1959

Registration District No. 200 Primary Registration District No. \_\_\_\_\_ Registrar's No. 134

1. PLACE OF DEATH 4. COUNTY <u>Mason</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Mason</u>	
5. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>College Morrow</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>College Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
6. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u> Length of stay in lb <u>—</u>		d. STREET (If outside, give location) ADDRESS <u>Rural Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>PAUL A. BRITT</u>			4. DATE OF DEATH Month Day Year <u>7-31-59</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>2-13-06</u>
9a. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or county) <u>College Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>PAUL BRITT</u>	
13b. MOTHER'S MAIDEN NAME <u>Barbara Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Esther BRITT</u>	
15. VAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (as deceased ever in U. S. Armed Forces? no, or unknown) (If yes, give war or dates of service)) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT Address <u>Kathleen Britt College</u>
18. A. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concussion &amp; Brain Damage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
DUE TO (b) <u>Suicide</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>Self Inflicted .22 Cal. Rifle Wound</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <u>7:05 p.m. 7/31/59</u>			
20d. INJURY OCCURRED WHILE AT <input checked="" 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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>R.F.D. College Mason Mo.</u>
21. I attended the deceased from Death occurred at <u>App. 5:45</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert Stullow</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Mason Mo.</u>	22c. DATE SIGNED <u>Aug 6. 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8/2/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>College Ind. Ln</u>	23d. LOCATION (City, town, or county) (State) <u>College Ind. Mo</u>
24. FUNERAL DIRECTOR <u>Edgar Lewis</u> ADDRESS <u>Mason Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8/7/59</u>	26. REGISTRAR'S SIGNATURE <u>Keith W. Neely</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 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  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed *M. S. [Signature]*

Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.