

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 15 1960 38

Registration District No. 28 Primary Registration District No. 5821 Registrar's No. 46 60-002622
-60-002622
STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY New Madrid		b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		a. STATE Missouri		b. COUNTY New Madrid		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. Route #3		Length of stay in 1b Sev. Mo.		c. CITY OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Route #3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JACKIE BRITT				4. DATE OF DEATH Month Day Year January 5, 1960				
5. SEX Male		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-12-48		
9. AGE (last birthday) 11		IF UNDER 1 YEAR Months 5 Days 3		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) Sikeston, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Britt			13b. MOTHER'S MAIDEN NAME Helen Davis			14. NAME OF HUSBAND OR WIFE -----		
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. None		17. INFORMANT Mrs. Helen Britt, Sikeston, Mo.			
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) Burned to death in Home								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cause of fire Unknown								
DUE TO (c) 								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) Burned in Home				
20c. TIME OF INJURY Hour 1:30 a.m. Month, Day, Year 1-5-60 p.m. 		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.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE New Madrid Mo.		
21. I attended the deceased from AS CORONER ONLY and last saw her/him alive on 								
Death occurred at Approximately 1:30 AM on the 5 th date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Fay Hedgpeth Coroner				22b. ADDRESS New Madrid, Mo		22c. DATE SIGNED 1/8/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-7-1960		23c. NAME OF CEMETERY OR CREMATORY Garden Of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Missouri		
24. FUNERAL DIRECTOR Nunnelee Fun. Chapel, Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 1-11-60		26. REGISTRAR'S SIGNATURE Fay Hedgpeth		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
REMAINS NOT EMBALMED. BODY CONSUMED BY FIRE. REMAINS DEODORIZED
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Humber

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo

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