SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-004722
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 54

FILED VS MAR 7 1961

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b: 31 Yrs+
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mittie Middle L. Last Britt
4. DATE OF DEATH: Month March Day 1 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-25-1879
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Russell
13b. MOTHER'S MAIDEN NAME: Sarah Jones
14. NAME OF HUSBAND OR WIFE: ~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: State Hospital No. 1 Address: Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cerebral thrombosis, old & recent
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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. ☒ attended the deceased from State Hospital No. 1 3-7-29 to 3-1-61 and ~~last saw alive~~ on
Death occurred at 11:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James K. Atterbury M.D.
22b. ADDRESS: Fulton, Mo.
22c. DATE SIGNED: Mar. 2-1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-5-61
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Montgomery City
23d. LOCATION (City, town, or county) (State): Montgomery City Mo

24. FUNERAL DIRECTOR: Josephine Montgomery City Inc ADDRESS
25. DATE RECD. BY LOCAL REG.: March 2-1961
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

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~~ on the 2 nd of March 1961, Student Embalmer No._____

working under my personal supervision.

C. W. Hopkins

Student_____ Signed C. W. Hopkins

Signature of Student Embalmer

Licensed Embalmer No. 1487

Montgomery City Mo

P. O. Address

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.