

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31131

BIRTH NO. _____		REG. DIST. NO. 223		PRIMARY REG. DIST. NO. 5795		Registrar's No. 41							
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Moniteau									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Burris Fork									
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) CHARLES OTTO BRITTON				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 13, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 9/1/1890		9. AGE (In years last birthday) 60 years		10. IF UNDER 1 YEAR Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Moniteau County				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John William Britton				13b. MOTHER'S MAIDEN NAME Mary Schreiber				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1st world war				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Geo. Britton, California, Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 22 cal gunshot wound in head DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instantaneous 2976X					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) California Moniteau Mo									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 12 1950 6P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suicide									
22. I hereby certify that I attended the deceased from dead when first seen, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6P.m., from the causes and on the date stated above.													
23a. SIGNATURE Kerwon Latham M.D. Coroner				(Degree or title)				23b. ADDRESS California, Mo				23c. DATE SIGNED 9-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/14/50		24c. NAME OF CEMETERY OR CREMATORY Sappington Chapel		24d. LOCATION (City, town, or county) (State) California, Moniteau, Mo.							
DATE REC'D BY LOCAL REG. Sept 16-1950		REGISTRAR'S SIGNATURE Mrs. F.W. Scott Deputy				25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME, California, Mo							

(Licensed Embalmer) (Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

RECEIVED 9-25-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-50

NOV 15 1950

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

HE Fredmeyer

Signed _____
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California 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 this body is not embalmed, fact should be so stated above.