

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20975

State File No.

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>420</u>			
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Walker</u>)				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Walker, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHANA MARIE BRITTON</u>				d. STREET ADDRESS (If rural, give location) <u>069</u>					
3. NAME OF DECEASED (Type or Print) <u>JOHANA MARIE BRITTON</u>				a. (First) <u>JOHANA MARIE</u>		b. (Middle) <u>BRITTON</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>6th 22 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>			
8. DATE OF BIRTH <u>SEPT 26 1867</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>MORTIS SCHEIBNER</u>		13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Britton</u>		ADDRESS <u>California Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperchronic Anemia</u> <u>resulting in myocarditis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>year</u> <u>2902</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Mar. 19, 1950</u> , to <u>June 22, 1950</u> , that I last saw the deceased alive on <u>June 13, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. P. Barker, Jr.</u>		(Degree or title) <u>Dr. M. D.</u>		23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>6/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COMMUNITY CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA MO RURAL</u>			
DATE REC'D BY LOCAL REG. <u>6-24-50</u>		REGISTRAR'S SIGNATURE <u>H. B. Poppey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		ADDRESS <u>California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 26 1950
District Health Officer No. 9,
District File Number

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.....
Student Embalmer

Signed

Hugh E. Williams

Licensed Embalmer No. *3527*

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.