

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39224

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 372	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kirksville</b> )		c. LENGTH OF STAY (In this place) <b>4 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville Missouri</b>		3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>K.C.O.S Hospital Kirksville</b>				d. STREET ADDRESS (If rural, give location) <b>1401 S Babid St (BAIRD) O</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Owen</b>		b. (Middle) <b>Mordith</b>		c. (Last) <b>Bryson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 18 1948</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Sept 25 1883</b>	
9. AGE (In years last birthday) <b>65</b>		10. MONTHS <b>2</b>		11. HOURS <b>23</b>		12. MIN. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Knox Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Bryson</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Loretta Mordith</b>		14. NAME OF HUSBAND OR WIFE <b>XXX</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Tormie Hawkins Knox City Mo.</b>			
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.  <b>128</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive bilateral Pulmonary Atelectasis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>UNKNOWN</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	
19a. DATE OF OPERATION <b>Dec 18, 1948</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute Hemorrhagic Pancreatitis</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>Dec 18, 1948</b> , to <b>Dec 18, 1948</b> , that I last saw the deceased alive on <b>Dec 18, 1948</b> , and that death occurred at <b>4:50 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. W. H. P. O. J. K.C.O.S. Kirksville Mo.</b>				23b. ADDRESS <b>K.C.O.S. Kirksville Mo.</b>		23c. DATE SIGNED <b>12-23-48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec 18 48</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Knox City Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>Knox City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-27-48</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Super + Walter Knox City Mo.</b>			

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

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RECEIVED

District Health Officer No. 10

District File Number 1-49-9

Date Filed JAN 4 - 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Fred Woller*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 684

P. O. Address Wheat Ridge, Ill

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.