

STANDARD CERTIFICATE OF DEATH

State File No. 4732

BIRTH NO. _____		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 5559		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY HOWELL			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HUTTON VALLEY TWP.		c. LENGTH OF STAY (In this place) 43 yrs		c. CITY (If outside corporate limits, write RURAL and give township) HUTTON VALLEY TWP.		46	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) Near Hutton Valley, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) LEWIS		b. (Middle) ALBERT		c. (Last) BRYAN		4. DATE OF DEATH (Month) (Day) (Year) 2-3-49	
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 10, 1868		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. 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) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID BRYAN		13b. MOTHER'S MAIDEN NAME LEDISA BREESE		14. NAME OF HUSBAND OR WIFE MARGARET WILLIAMS			
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'S SIGNATURE OR NAME ADDRESS Frank Bryan - Mt. View, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 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 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 45				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) m.		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 Nov. 6, 1948, to Dec. 24, 1948, that I last saw the deceased alive on Dec. 24, 1948, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. E. Musser M.D.		23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED Feb 5 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/6/49		24c. NAME OF CEMETERY OR CREMATORY KPPS CEMETERY		24d. LOCATION (City, town, or county) (State) Howell County, Mo.	
DATE REC'D BY LOCAL REG. 2/7/49		REGISTRAR'S SIGNATURE Marshall Bullard		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Burns		ADDRESS Willow Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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~~Date Filed~~ 3-15-49
District File Number 24945
District Health Officer No. 6
RECEIVED 2-14-49

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.

Student
Student Embalmer

Signed *J. Burns*

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.