S. No. 300
v. 10-48

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FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20327

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Danville
c. LENGTH OF STAY (in this place): 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Danville twn
d. STREET ADDRESS (If rural, give location): 3 miles west New Florence Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Linn
b. (Middle): E.
c. (Last): Bryan

4. DATE OF DEATH (Month) (Day) (Year): 6--29--49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 5-18-1876
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fulton Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Perry Bryan
13b. MOTHER'S MAIDEN NAME: Mary Fort
14. NAME OF HUSBAND OR WIFE: Carrie Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-14-5198
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Carrie Morgan Bryan New Florence 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6-29-49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CORONARY THROMBOSIS — 3 months ago.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 1901

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949, *to* June 29, 1949; *that I last saw the deceased alive on* June 25, 1949, *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Ardale
23b. ADDRESS: D.O.F. Montgomery City
23c. DATE SIGNED: 6-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-2-49
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: 6-30-49
REGISTRAR'S SIGNATURE: James O. Helm M.D. 207
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: SOUTHERN FUNERAL HOME ST, LOUIS MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 6 1949
District Health Officer No. 9,
District File Number

NOV 12 1953

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 day of June 1949, Student Embalmer No. ....., working under my personal supervision.

Signed C. W. Hopkins

Signed ..... Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.