

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27288

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Boeclade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boeclade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Anglin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>26 years!</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Edward</u> c. (Last) <u>Bryant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 26 1922</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Dewey Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Albanta Walker</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dewey Bryant</u>	
				ADDRESS <u>Lincoln St. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in head (22 cal.)</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Skull &amp; hemorrhage</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boeclade Boeclade MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 5 1949 5:50 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>shot himself with 22 R&amp;W 53</u>		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Palmer</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Lebanon, MO.</u>		23c. DATE SIGNED <u>Sept 6/1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Sept. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, MO.</u>	

DATE REC'D BY LOCAL REG <u>Sept. 9-1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		424 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

53  
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Received SEP 12 1949  
Laclede County Health Unit  
File No. 7-4-9-126  
Date Filed SEP 12 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.

Student .....  
Student Embalmer

Signed Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.