

FILED SEP 29 1949

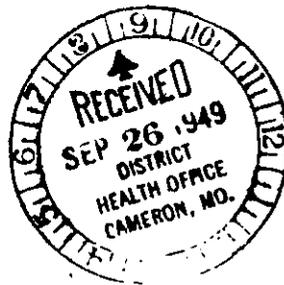
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30994

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2701 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Utica		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Utica	
c. LENGTH OF STAY (in this place) 5 mos.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Holbert c. (Last) Bryan		4. DATE OF DEATH (Month) (Day) (Year) September 15, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 19, 1884
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY Chillicothe Hospital	
11. BIRTHPLACE (State or foreign country) Mooresville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William C. Bryan		13b. MOTHER'S MAIDEN NAME Scottie Austin	
14. NAME OF HUSBAND OR WIFE Mabel Etha Chares			
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. 495-01-8746	
17. INFORMANT'S SIGNATURE OR NAME Mrs. H. H. Bryan; Utica, Missouri		ADDRESS	
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) Carcinoma of sigmoid 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.	
19a. DATE OF OPERATION June '49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon - State Cancer Hosp, Columbia, Mo	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr	
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 Sept. 1, 1948, to Sept. 12, 1949, that I last saw the deceased alive on Sept. 15, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph P. Carroll M.D.		23b. ADDRESS Chillicothe, Mo	
23c. DATE SIGNED Sept. 17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-49	
24c. NAME OF CEMETERY OR CREMATORY Bethel		24d. LOCATION (City, town, or county) (State) Livingston County, Mo.	
DATE REC'D BY LOCAL REG. Sept. 23, 1949		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo.		ADDRESS	

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



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 *Elton Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.