

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6:50 - P.M.
36326-
State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>CENTRALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>822-EAST Rodemyre St. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>822 East Rodemyre St.</u>			
3. NAME OF DECEASED a. (First) <u>Debra</u> b. (Middle) <u>MAY</u> c. (Last) <u>BRYSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. - 11 - 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. - 17 - 1887</u>
9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Blue Pickett</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN GREEN RECORD</u>	
14. NAME OF HUSBAND OR WIFE <u>OTIS E. BRYSON</u>			
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. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. Otis E. Bryson, Centralia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho. pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> 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 <u>10 years</u>	
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>no</u>		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 <u>July 22, 1947</u> , to <u>Nov. 11, 1949</u> , that I last saw the deceased alive on <u>Nov 9, 1949</u> , and that death occurred at <u>6:50A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. LaChance M.D.</u>		23b. ADDRESS <u>Centralia Mo</u>	
23c. DATE SIGNED <u>Nov. 12 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 13 - 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 12 / 49</u>		REGISTRAR'S SIGNATURE <u>Maud M. C. Bridgman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. Ballou</u>		ADDRESS <u>Centralia, Mo.</u>	

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

RECEIVED
NOV 15 1919
District Health Officer No. 9
District File Number

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 *Paul P. Baller*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.