

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39864**

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4477		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCHUYLER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glenwood		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENWOOD		18	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) ORRIS E		a. (First) E		b. (Middle) C		c. (Last) BRYAN	
4. DATE OF DEATH DEC 1, 1949		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH SEPT 6-1872		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) SCHUYLER CO	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY HOMESWIFE		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME ORRIS THOMPSON	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME CORNELIA F. THOMPSON		14. NAME OF HUSBAND OR WIFE TILLMAN BRYAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME TILLMAN BRYAN		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma of Liver		19. INTERVAL BETWEEN ONSET AND DEATH 155X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Minute)	
21d. TIME OF INJURY		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 Dec 1, 1949 , to Dec 1, 1949 , that I last saw the deceased alive on Dec 1, 1949 , and that death occurred at 4:30 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE R.E. Vaughn D.O.		23b. ADDRESS Lancaster, Mo		23c. DATE SIGNED 12/4/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DEC 4, 49		24c. NAME OF CEMETERY OR CREMATORY IOOF		24d. LOCATION (City, town, or county) (State) GLENWOOD - MO	
25. FUNERAL DIRECTOR'S SIGNATURE Lucy R. Head		25. FUNERAL DIRECTOR'S ADDRESS Lancaster, Mo		26. DATE REC'D BY LOCAL REG. Dec. 8-1949		27. REGISTRAR'S SIGNATURE Miss. R. Drake	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 13 1949
Health Officer No.
District File Number 12-49-
Date Filed

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lincolnton, 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.