

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43491**

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6-197** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Texas Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burdine		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burdine	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Celia b. (Middle) M. Bryant c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Dec 29, 1949
5. SEX Female	6. COLOR OR RACE N.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb 27, 1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 21
11. BIRTHPLACE (State or foreign country) Haldens, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Frank Bryant		13b. MOTHER'S MAIDEN NAME Julia Zeins	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Bryant Cabool 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck - Internal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car Collision with DUE TO (c) another car 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"/>		INTERVAL BETWEEN ONSET AND DEATH 26	
21a. ACCIDENT <input checked="" type="checkbox"/> (Specify) SHOOTING HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 3	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Burdine, Texas Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 29, 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Wreck	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Gaynell V. Elliott		23b. ADDRESS Cabool	
23c. DATE SIGNED Dec 30/49		24. LOCATION (City, town, or county) (State) Texas Co. Mo.	
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE Jan 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Cabool	
DATE REC'D BY LOCAL REG. 1-3-50	REGISTRAR'S SIGNATURE Gaynell Cunningham	25. (FUNERAL DIRECTOR'S SIGNATURE) ADDRESS Gaynell V. Elliott Cabool Mo.	

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

Recd
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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.....

Gaylord V. Elliott

Licensed Embalmer No. *2252*

P. O. Address *Catool*

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.