

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5762

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville				c. LENGTH OF STAY (In this place) 15 da.			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tavern Twp. Rural				0850			
d. FULL NAME OF HOSPITAL OR INSTITUTION J. L. Long Nursing Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) W. c. (Last) Bryan				4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1950			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 22, 1875	
9. AGE (In years last birthday) 74		10. MONTHS 11		11. DAYS 18		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Pulaski County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME John Bryan				13b. MOTHER'S MAIDEN NAME Sarah Greer		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elbert W. Bryan, Crocker, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage. DUE TO (c) Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 years 3 weeks 10-2 years 1-2-1			
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)				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) m.				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 6, 1950, to Feb 10, 1950, that I last saw the deceased alive on Feb 10, 1950, and that death occurred at 7:30P m., from the causes and on the date stated above.							
23a. SIGNATURE Eugene J. Deakins (Signature or title)				23b. ADDRESS Waynesville Mo		23c. DATE SIGNED 2-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-50		24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery		24d. LOCATION (City, town, or county) (State) Crocker, Pulaski Co. Mo.	
DATE REC'D BY LOCAL REG. 2-25-50		REGISTRAR'S SIGNATURE Thelma C. Buckthorpe		389 25. FUNERAL DIRECTOR'S SIGNATURE J.L. Hoops & Sons, Crocker, Mo.		ADDRESS	

(Licensed Emballer's Statement on Reverse Side)

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

FEB 25

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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.

Signed \_\_\_\_\_

*Paul B. Hooper*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3261*

P. O. Address *Brooklyn, Ma.*

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.