

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17513
Registrar's No. 34

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

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

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ravanna, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>		d. STREET ADDRESS <u>Princeton, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>May</u> c. (Last) <u>Bryan</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>14</u> (Year) <u>1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 30, 1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mercer Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Snyder</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Swift</u>	14. NAME OF HUSBAND OR WIFE <u>Cliff Bryan-Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Velma L. Bryan, Ravanna, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>surgical shock</u>		
	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 <u>contracted pylorus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 19, 1949, to 5-14, 1950, that I last saw the deceased alive on 5-14-50, 1950, and that death occurred at 2:17A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bryan Q. Axtell D.O.</u>	23b. ADDRESS <u>Princeton, Missouri</u>	23c. DATE SIGNED <u>5/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weesner Vene</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>
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DATE RECD BY LOCAL REG. <u>5-27-50</u>	REGISTRAR'S SIGNATURE <u>M. J. Ritt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home</u>	ADDRESS <u>Princeton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

1950



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.....

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working under my personal supervision.

Student Embalmer No.....

Signed..... *Jean Martin*

Signed.....
Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Pinckney, 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.