

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26479

State File No. ....

BIRTH NO. .... REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 405

0352  
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1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>29yrs</u>		d. STREET ADDRESS (If rural, give location) <u>406 Electric st.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 Electric St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Birt</u>	b. (Middle) <u>Parmer</u>	c. (Last) <u>Bryant</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 14-1885</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>	11. BIRTHPLACE (State or foreign country) <u>Kennett Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Presley Bryant</u>	13b. MOTHER'S MAIDEN NAME <u>Enezzia Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Bryant</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>No. X</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Bryant</u>	ADDRESS <u>406 Electric Kennett</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>443X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease 3 yrs.</u>		
	DUE TO (c)		
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"/>
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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)
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?

22. I hereby certify that I attended the deceased from Feb. 15, 1949, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 2:23 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald P. Summers</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>9/8/50.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-1950</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Deserve</u>	ADDRESS <u>Kennett Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1950

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-11-50

COUNTY FILE NUMBER 950-256

DEC 4 1962

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 *Walter C. Hawkins*

Licensed Embalmer No. *2002*

P. O. Address *Hennell me*

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.