

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27405**
Registrar's No. **18**

FILED AUG 21 1950

BIRTH NO. _____ REG. DIST. NO. **176** PRIMARY REG. DIST. NO. **565-2**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0550

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Greene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller R. R. Greene	
c. LENGTH OF STAY (in this place) native		d. STREET ADDRESS (If rural, give location) 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print)	a. (First) Claude	b. (Middle) C.	c. (Last) Bryant	4. DATE OF DEATH (Month) (Day) (Year) 7-1-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-14-1884	9. AGE (in years last birthday) 66	IF UNDER 1 YEAR 3 Months 17 Days	IF UNDER 24 HRS. 17 Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Lawrence Co. Mo.	12. CITIZEN OF WHAT COUNTRY? Native
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13a. FATHER'S NAME W. H. Bryant	13b. MOTHER'S MAIDEN NAME Nancy Jane Skaggs	14. NAME OF HUSBAND OR WIFE Ruth Bryant Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruth Bryant Miller	ADDRESS Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		1 hour
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) concomitant pneumonia DUE TO (c) none contributory		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7824	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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 **5/17, 1950** to **7/1, 1950**, that I last saw the deceased alive on **6/30, 1950** and that death occurred at **9 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Hayes (Degree or title) M.D.	23b. ADDRESS Mt Vernon, Mo.	23c. DATE SIGNED 7/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-50	24c. NAME OF CEMETERY OR CREMATOR Stahls	24d. LOCATION (City, town, or county) (State) S.W. Miller Mo.
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DATE REC'D BY LOCAL REG. 8-2-50	REGISTRAR'S SIGNATURE W. S. Berry	25. FUNERAL DIRECTOR'S SIGNATURE J. R. Lison	ADDRESS Miller Mo.
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 14 1950

Dist. File 850-977

Date Filed 8-15-50

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 E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.