

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>132</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lee</u>		b. (Middle) <u>Ray</u>		c. (Last) <u>Bryant</u>	
4. DATE OF DEATH		(Month) <u>OCT</u>		(Day) <u>31</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>1000-11-1903</u>	
9. AGE (In years last birthday)		If UNDER 1 YEAR		If UNDER 1 YEAR		If UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work - done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Printer</u>		<u>Labourer</u>		<u>Richland</u>		<u>U.S.</u>	
13a. FATHER'S NAME <u>W.A. Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Joy Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Dennis Bryant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-01-0165</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.C. Bryant</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer (Stomach)</u>						<u>6 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>10 wks</u>	
DUE TO (b) <u>Spleen</u>							
DUE TO (c) <u>Previous Intestinal Obstruction</u>						<u>12 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>5705</u>	
19a. DATE OF OPERATION <u>Sept 9, '50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adhesions producing Intestinal Obstruction</u>				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)		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 <u>Sept 3</u> , 1950, to <u>Oct 31</u> , 1950, that I last saw the deceased alive on <u>Oct 26</u> , 1950, and that death occurred at <u>10:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul C. Roark, M.D.</u>				23b. ADDRESS <u>Richland, Mo</u>		23c. DATE SIGNED <u>Nov 14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-22-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckhauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Zepher</u>			
				ADDRESS <u>Richland</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-22-52
Alaska County Health Officer
File Number
Date Filed 11-22-52

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 _____

Licensed Embalmer No. 3198

P. O. Address Richland

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.