

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2000

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (Jefferson Twship)</b> c. LENGTH OF STAY (In this place) <b>2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Jefferson Twship)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>family home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EVA</b>	b. (Middle) <b>LEVADA</b>	c. (Last) <b>BRYAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 17th 51</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>Nov 1 - 1875</b>	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR (Month) (Day) <b>2 16</b> IF UNDER 1 WEEK (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LEE CLARK</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH LAMBETH</b>	14. NAME OF HUSBAND OR WIFE <b>ENSLEY BRYAN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louis Bryan</b> ADDRESS <b>Alton, Ill.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		<b>48 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma of Rt. Breast</b> DUE TO (c)		<b>12 Months</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>170X</b>	

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)
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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 Jan. 7, 1951, to Jan 17, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R.H. Schenck, D.D.S.</b>	23b. ADDRESS <b>Belle, Mo.</b>	23c. DATE SIGNED <b>Jan 18, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/19/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Skaggs Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Maries County - Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 18-1951</b>	REGISTRAR'S SIGNATURE <b>T.A. Dubrouillet</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sassmann</b> ADDRESS <b>Funeral Service - Belle</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

760  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 23 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Chester S. Sorenson*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland - 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.