

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2223

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 2

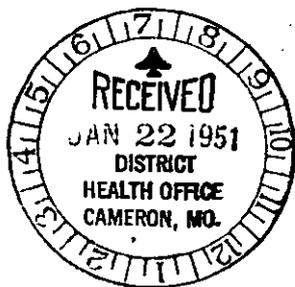
1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Fishing River Twn. Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Fishing River Twn. Life</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. N.W. Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi. N.W. Richmond</u>		e. STREET ADDRESS <u>5 Mi. N.W. Richmond</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u> b. (Middle) <u>A.</u> c. (Last) <u>Bryan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1951</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>April 22, 1872</u>
9. AGE (In years) (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel H. Bryan</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Shrewes</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Belle Bryan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Dora Belle Bryan, Rayville, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiovascular Renal Disease</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"/>		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) <u>Rayville Ray Mo</u>	
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>Jan 6, 1951</u> , to <u>Jan 9, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter E. Buchner, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lawson, Mo</u>	
23c. DATE SIGNED <u>1-9-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dockery Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dockery, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>QUEST-LIFE FUNERAL HOME, Richmond, Mo. BY J. L. Jackson</u>	
DATE REC'D BY LOCAL REG. <u>Jan 17-51</u>		REGISTRAR'S SIGNATURE <u>Walter E. Buchner</u>	

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

0890

0890

(Licensed Embalmer's Statement on Reverse Side)



**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. 4792

P. O. Address Richmond, 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.