

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3812

State File No. _____
Registrar's No. 255

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dearborn, Mo. 0830	
c. LENGTH OF STAY (in this place) 6 Mo.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2631 Fairleigh Terrace			

3. NAME OF DECEASED (Type or Print)	a. (First) MARYHA	b. (Middle) ELLEN	c. (Last) BRYAN	4. DATE OF DEATH (Month) (Day) (Year) March 1, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 28, 1866	9. AGE (in years last birthday) 84	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 HR. Hours	10. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Buchanan County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A. J. Toms	13b. MOTHER'S MAIDEN NAME Elizabeth Ferril	14. NAME OF HUSBAND OR WIFE V. C. Bryan (Deceased)
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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) NO	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. J. Kiehne	ADDRESS St. Joseph, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 5 years 4-20-0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Lobar		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 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 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)	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 2-25, 1951, to 3-1, 1951, that I last saw the deceased alive on 2-28, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE S. J. Durham M.D.	23b. ADDRESS Dearborn Mo.	23c. DATE SIGNED 3/3/51
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE March 4, '51	24c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery	24d. LOCATION (City, town, or county) (State) Dearborn, Missouri
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DATE REC'D BY LOCAL REG. Mar. 7, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN & AUFRANC	ADDRESS Dearborn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.