

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4219

BIRTH NO. 63936-50 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 45

0264

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> 0264	
c. LENGTH OF STAY (in this place) <u>4 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>221 Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 E. High</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny Ray</u> b. (Middle) <u>Bryant</u> c. (Last) <u>Bryant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, RE-MARRIED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 31 1950</u>
9. AGE (In years last birthday) <u>3</u>	10. UNDER 1 YEAR Months <u>14</u> Days <u>14</u>	11. UNDER 24 HRS. Hours <u>14</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Harold Bryant</u>		13b. FATHER'S MAIDEN NAME <u>Alma Hambourg</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year) (Unknown) (If yes, give year) (date of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bryant</u> ADDRESS <u>221 Oak</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, (virus type)</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Common cold; Bronchitis.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>492X</u>	
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)
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?
22. I hereby certify that I attended the deceased from <u>Feb. 10, 1951</u> , to <u>Feb. 15, 1951</u> , that I last saw the deceased alive on <u>Feb. 15, 1951</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John S. Sennett, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>2-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 17 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Civian</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 16-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Janner Swane</u> ADDRESS <u>710 Jefferson</u>

RECEIVED 2-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2-17-51

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.

Signed Raymond N. Martin

Signed _____
Student Embalmer

Licensed Embalmer No. 4130

P. O. Address Jefferson City, 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.