

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17423

State File No.

FILED MAY 21 1951

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence (Age admission)) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabron</u> <u>0725</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>4th St S. of Cabron</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BRYANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1st - 51</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28 - 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR: Months _____ Days _____
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 <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Marion Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>James Franklin Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Randlee</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Bryant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Bryant Seymour, Md.</u> ADDRESS _____	

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>331x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 4/25, 1951, to May 1, 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 10:0 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Scott W. DeWitt, M.D.</u>		23b. ADDRESS <u>Barma, Mo</u>		23c. DATE SIGNED <u>5/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wattline Fun. Service</u>		ADDRESS <u>Barma</u>	
DATE REC'D BY LOCAL REG. <u>5/9/51</u>		REGISTRAR'S SIGNATURE <u>Dr. Scott W. DeWitt</u>			

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

No. 300
10.48

740
11

RECEIVED

MAY 19 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.