

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29398**

FILED OCT 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5048 Registrar's No. 71

**1. PLACE OF DEATH**  
 a. COUNTY Barry  
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Cassville, Mo.  
 c. LENGTH OF STAY (in this place) township) 5 mo.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7 mi. N. E.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Barry  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville, Rural Flat twp.  
 d. STREET ADDRESS (If rural, give location) 7 mi N.E.

**3. NAME OF DECEASED**  
 a. (First) MARK b. (Middle) CLINTON c. (Last) BRYANT  
 4. DATE OF DEATH (Month) (Day) (Year) 9/26/1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 8/15/1881 9. AGE (in years last birthday) 70 0 50 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Ret'd) 10b. KIND OF BUSINESS OR INDUSTRY Carpenter 11. BIRTHPLACE (State or foreign country) Burlington, Jct., Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John H. Bryant 13b. MOTHER'S MAIDEN NAME Mary Beaver 14. NAME OF HUSBAND OR WIFE Bess Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bess Bryant Cassville, Mo.

**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.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Pulmonary hemorrhage  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death. Senility, cachexia,

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 7831

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from April 4, 1951, to (once only), 1951, that I last saw the deceased alive on August, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur C. Wickel, M.D. 23b. ADDRESS Cassville, Mo. 23c. DATE SIGNED 9/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/29.51 24c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Grn. Springfield. 24d. LOCATION (City, town, or county) (State) Mo.

DATE REC'D BY LOCAL REG. 9-29-1951 REGISTRAR'S SIGNATURE Grace Williams 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.C. Koon, Cassville, Mo.

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

0050

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 1 1951  
Dist. File 1031-1229  
Date Filed 10-11-51

OCT 11 1951

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.....  
Student Embalmer

Signed W.C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.