

FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 4522 Registrar's No.

1070
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Texas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville, Mo		c. LENGTH OF STAY (In this place) 5 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville, Mo 1070		
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) Rural		

3. NAME OF DECEASED (Type or Print) a. (First) Perry b. (Middle) Franklin c. (Last) Bryant			4. DATE OF DEATH (Month) (Day) (Year) Sept 28 51		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME B.E. Bryant		13b. MOTHER'S MAIDEN NAME Ola Zellers		14. NAME OF HUSBAND OR WIFE Lola Bryant	
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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. 488-2442-NO 4202		17. INFORMANT'S SIGNATURE OR NAME Lola Bryant		ADDRESS Summersville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Stomach DUE TO (c) With metastasis to pancreas and large & small intestine				INTERVAL BETWEEN ONSET AND DEATH	
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"/>	
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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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	
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22. I hereby certify that I attended the deceased from 1848, to Sept 28, 1951, that I last saw the deceased alive on Sept 29, 1951, and that death occurred at 12:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Lawrence Hamilton, M.D.		23b. ADDRESS Summersville, Mo		23c. DATE SIGNED Oct 5	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 30 51	24c. NAME OF CEMETERY OR CREMATORY Summersville, Cem		24d. LOCATION (City, town, or county) (State) Summersville, Mo
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DATE REC'D BY LOCAL REG. Jan 16-52		REGISTRAR'S SIGNATURE Annie Roberts		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS Mtn View, Mo	
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STATEMENT BY LICENSED EMBALMER

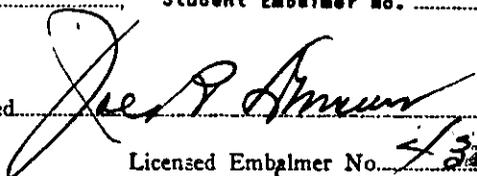
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4326

P. O. Address 711 View Ave

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.