No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9022

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4204 Registrar's No. 11

590
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1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ludlow Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY (If outside corporate limits, write RURAL and give township): ~~Royal Manor~~ Ludlow Mo
d. STREET ADDRESS (If rural, give location): Washington 0590

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Henry
c. (Last): Bryan

4. DATE OF DEATH (Month): April (Day): 7 (Year): 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 4 1871
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Breckenridge Mo
12. CITIZEN OF WHAT COUNTRY?: Usa

13a. FATHER'S NAME: Thomas Riley Bryan
13b. MOTHER'S MAIDEN NAME: Laura Measkey
14. NAME OF HUSBAND OR WIFE: Cassie Mae Stone

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

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary artery sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Blood clot in brain — Nov 1948
DUE TO (c): Invalid for 3 years

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: 352.X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 4, 1952, *to* Apr 7, 1952, *that I last saw the deceased alive on* Apr 7, 1952, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo Moore (Degree or title): MD
23b. ADDRESS: Ludlow Mo
23c. DATE SIGNED: 4-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-9-52
24c. NAME OF CEMETERY OR CREMATORY: Monroe
24d. LOCATION (City, town, or county) (State): Rural — Livingston Mo

DATE REC'D BY LOCAL REG.: April 9, 1952
REGISTRAR'S SIGNATURE: Lerlie L Ewing 175
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Norman Funeral Home Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, M

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.