

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

13939

State File No. _____

MAY 10 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 87

220

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (In this place) 5 days	
c. CITY (If outside corporate limits, write RURAL and give township) Elsberry		d. STREET ADDRESS (If rural, give location) 402 S. Second St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED a. (First) Richard b. (Middle) Columbus c. (Last) Bryson			4. DATE OF DEATH (Month) May (Day) 2 (Year) 1952
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-31-1898
9. AGE (In years last birthday) 54		10. MONTHS 1	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Timber work	11. BIRTHPLACE (City and State or Foreign Country) Birch Tree, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank Bryson		13b. MOTHER'S MAIDEN NAME Nancy Allen	14. NAME OF HUSBAND OR WIFE Ruth Hubbard Bryson
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. 497-01-49810	17. INFORMANT'S SIGNATURE OR NAME Ruth Bryson - Elsberry, Mo.
17. ADDRESS Ruth Bryson - Elsberry, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thromb (acute myocardial) INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES DUE TO (b) Bleeding head and neck vessels 1 month DUE TO (c) Terminal pneumonia 4 days 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 5410		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 4-27 , 1952, to 5-2 , 1952, that I last saw the deceased alive on 5-2 , 1952, and that death occurred at 5:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Russell H. Hinder (Degree or title)		23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 5-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-52	24c. NAME OF CEMETERY OR CREMATORY Sutterfield Cemetery	24d. LOCATION (City, town, or county) (State) Westfork, Missouri
DATE REC'D BY LOCAL REG. 5-7-52	REGISTRAR'S SIGNATURE Travis Hamster	25. GENERAL DIRECTOR'S SIGNATURE Harold ...	ADDRESS Elsberry, Mo.

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

[Handwritten Signature]

Licensed Embalmer No. _____

4012

P. O. Address _____

Elsberry, 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.