

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27123

State File No. _____

S. No. 300
V. 10-48

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>01050</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> <u>0971</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>2 mos 8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u> <u>1</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>247 Walnut St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) <u>Marie</u> c. (Last) <u>Bryson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 10 - 52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 3, 1921</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>William, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>

13a. FATHER'S NAME <u>HARRY BERGER</u>	13b. MOTHER'S MAIDEN NAME <u>Letha Yates</u>	14. NAME OF HUSBAND OR WIFE <u>JIM FRANCES BRYSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	ADDRESS <u></u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease, generalized</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>201X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	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 June 2, 1952, to August 10, 1952, that I last saw the deceased alive on August 10, 1952, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. Finsley Jr. M.D.</u> <u>U</u>	23b. ADDRESS <u>Ellis Fischel State Cancer Hosp.</u>	23c. DATE SIGNED <u>Aug. 10, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 10 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater</u> <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 10 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Hill</u>	ADDRESS <u>Slater, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater, 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.