

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27957

FILED AUG 25 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3556

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johns on 0570	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pittsville, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital Medical Center		d. STREET ADDRESS (If rural, give location) Pittsville (Jackson Twp)	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) unknown c. (Last) Bryant		4. DATE OF DEATH (Month) (Day) (Year) Aug 7, 1952	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0	8. DATE OF BIRTH unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Tenant	9. AGE (In years last birthday) 17
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? 9	

13a. FATHER'S NAME Unknown Bryant	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXXX		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Menorah, Kansas City		ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Subdural Hematoma		
		DUE TO (c) Lacerations scalp		11224
		Hemorrhage of lung		32
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	21c. CITY, TOWN, OR TOWNSHIP Johnson County MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-7-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Car turned over

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Registrar	23b. ADDRESS 1034 Pichler Bldg Holden, Missouri	23c. DATE SIGNED 8-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-52	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery,
24d. LOCATION (City, town, or county) Holden, Missouri		(State)

DATE REC'D BY LOCAL REG. 8-9-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Canday and Ropp, Holden, Missouri.
---------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. J. Canaday*

Signed.....

Student Embalmer

Licensed Embalmer No. *3434*

P. O. Address *Ho. Glen, 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.