No. 300
10.48

FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28586

BIRTH NO. 52334 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 4P

520
0

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

1. PLACE OF DEATH
a. COUNTY: KNOX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EDINA
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): GIBSON HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Baring Mo.
b. COUNTY: Knox Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baring 0520
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First) BRYANT
b. (Middle) INFANT
c. (Last)

4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1952

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH Aug 7
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): EDINA MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS D. BRYANT
13b. MOTHER'S MAIDEN NAME MARTHA MARTIN
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Thomas D. Bryant ADDRESS Baring, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth @ 5 mo. — INTERVAL BETWEEN ONSET AND DEATH: 4 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause unknown
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 776X
20. AUTOPSY? YES ☐ NO ☒

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) 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* 8-7, 1952, *to* 8-8, 1952, *that I last saw the deceased alive on* 8-7, 1952, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Mabrey M.D. (Degree or title) 2
23b. ADDRESS Edina, Mo.
23c. DATE SIGNED 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Aug 8, 1952
24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE
24d. LOCATION (City, town, or county) (State) GREENSBURGH Mo.

DATE REC'D BY LOCAL REG. Aug. 8-1952
REGISTRAR'S SIGNATURE Nell S. Hunolt 151-0
25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Kriegshauser ADDRESS Edina 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Paul C. Kuegshauser

Signed.....
Student Embalmer

Licensed Embalmer No. 4085

P. O. Address Edina, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.