

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30598

State File No. _____

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Wright 1141</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Pleasant 1141</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cannon Mem. Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha F.</u>	b. (Middle)	c. (Last) <u>Bryant</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>2 Sep 2 1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 29, 1872</u>	9. AGE (In years last birthday) <u>79</u>	10 UNDER 1 YEAR <u>10</u>	11 UNDER 1 MIN. <u>3</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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>West Plains, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	--	--	--

13a. FATHER'S NAME <u>Engold</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>W. A. Bryant</u>
----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Bryant</u>	ADDRESS <u>Mt. Pleasant</u>
--	-------------------------------------	--	-----------------------------

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>Not known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Syndrome</u> 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	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)	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 Aug 20, 1952, to Sept 2, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl Bryant</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mountain View, Mo</u>	23c. DATE SIGNED <u>Sept 2, 1952</u>
-----------------------------------	-------------------------------	---------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine Flat</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool, MO</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-4-52</u>	REGISTRAR'S SIGNATURE <u>A. B. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stable Wind</u>	ADDRESS <u>Mt. Pleasant</u>
--	---	---	-----------------------------

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

RECEIVED SEP 9 1952
WRIGHT CO. HEALTH DEPT.
County File Number 957-109
Date Filed 9-13-52

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 *Frank Grable*

Licensed Embalmer No. *4140*

P. O. Address *Wm. Sumner*

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.