

STANDARD CERTIFICATE OF DEATH

30945

State File No. _____

DECEASED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4068 Registrar's No. 341

6140
1

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

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mokane</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mokane</u> | |
| c. LENGTH OF STAY (in this place) <u>50 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Mokane Mo.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Victor</u> a. (First) <u>W.</u> b. (Middle) <u>Bryan</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8 1952</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 7 1881</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 1 YEAR Hours _____ | IF UNDER 1 YEAR Mins. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>RR Section</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>George Bryan</u> | 13b. MOTHER'S MAIDEN NAME <u>Annie Strickland</u> | 14. NAME OF HUSBAND OR WIFE <u>Ollie Bryan</u> |
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| 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>OK</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Strickland</u> | ADDRESS <u>Mokane Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> <u>enlarged heart with</u> <u>endoocarditis</u> DUE TO (c) <u>hypertrophied</u> <u>of cystitis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: <u>4214</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:30</u> m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from June 14, 1951, to Oct 8, 1952, that I last saw the deceased alive on Oct 8, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. H. Bryan M.D.</u> | 23b. ADDRESS <u>Rt 6 Fulton Mo</u> | 23c. DATE SIGNED <u>10-11-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 11, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mokane Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct. 11-1952</u> | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin James Home</u> | ADDRESS <u>Fulton Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

OCT 1930

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 Harry Stewart

Licensed Embalmer No. 3722

P. O. Address Fuller 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.