

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37627

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lorange		c. LENGTH OF STAY (in this place) 2-years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lorange 0090			
d. FULL NAME OF HOSPITAL OR INSTITUTION Glen Allen.				d. STREET ADDRESS (If rural, give location) Glen Allen, Mo.			
3. NAME OF DECEASED (Type or Print) Jane		a. (First)		b. (Middle)		c. (Last) Bryant	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 10-12-1883	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife,		11. BIRTHPLACE (State or foreign country) Quincy, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim Kennedy		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Edd Bryant,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Brewer, Glen Allen, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Hypertensive cardiomyopathy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		442 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 10, 1951, to Oct 29, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Everett L. Price, M.D.				23b. ADDRESS Luttrell, Mo.		23c. DATE SIGNED Nov. 9, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-1-52		24c. NAME OF CEMETERY OR CREMATORY Glen Allen		24d. LOCATION (City, town, or county) (State) Glen Allen, Mo.	
DATE REC'D BY LOCAL REG Nov. 18, 1952		REGISTRAR'S SIGNATURE Thelma Dan, Amburge		25. FUNERAL DIRECTOR'S SIGNATURE Coy Shetter		ADDRESS Luttrell, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1953

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.

Signed _____

C. J. Lorberg

Signed _____

Student Embalmer

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau*

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.