

43137

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 No Ault St.</u>		d. STREET ADDRESS (If rural, give location) <u>806 No Ault St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ernest</u>	b. (Middle)	c. (Last) <u>Bryant</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov-10-1874</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MINS.
		<u>Married</u>		<u>78</u>	<u>1</u>	<u>11</u>		

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Rtd Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Bryant</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wall</u>	14. NAME OF HUSBAND OR WIFE <u>Luella</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes Spanish-Ame</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ernest Bryant</u>	18. ADDRESS <u>Moberly</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		<u>Myocardial</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general, moderate;</u>		
DUE TO (c) <u>Arteriosclerotic heart disease;</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial damage, chronic mild</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Hypertension Pulmonary fibrosis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., top of about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Sept 15, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 31, 1952, and that death occurred at 12:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Ben S. Jolly</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>12-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higbee</u>	24d. LOCATION (City, town, or county) (State) <u>Higbee, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-23-52</u>	REGISTRAR'S SIGNATURE <u>Coal & Lumber Council</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FEB 6 1953

FEB 6 1953

JAN 5 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.

Student
Student Embalmer

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobily, 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.