

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u> <u>0980</u>	
c. LENGTH OF STAY (in this place) <u>75</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <u>NELSON</u> a. (First) <u>IRENE</u> b. (Middle) <u>O. BRIANT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAY 7, 1865</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>COLORADO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>WILLIAM BUFORD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN JONES</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM C. O. BRIANT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDNA RIBTON</u> ADDRESS <u>LANCASTER MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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., 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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Jan 1948, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Davidson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lancaster Mo</u>		23c. DATE SIGNED <u>2-2-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 3, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TOOF CEM.</u>	
		24d. LOCATION (City, town, or county) (State) <u>LANCASTER, MO</u>			

DATE REC'D BY LOCAL REG. <u>Feb 3-53</u>		REGISTRAR'S SIGNATURE <u>Miss R. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett P. Neal</u> ADDRESS <u>Lancaster, Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 31 1956

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 Everett R. Neal

Signed.....  
Student Embalmer

Licensed Embalmer No. 4038

P. O. Address Lancaster, M

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

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