

STANDARD CERTIFICATE OF DEATH

State File No. 7224

FILED MAR 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6026</u>		Registrar's No. <u>5</u>			
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Carroll</u>		c. LENGTH OF STAY (In this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Carroll Township</u>		TOWN <u>0900</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. west of Centerville</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. west of Centerville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>			b. (Middle) <u>ESTHER</u>		c. (Last) <u>BRYAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1953</u>		
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 31 1892</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>26</u> IF UNDER 14 WKS: Hours _____ Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>DeSoto Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. H. Bryan</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. H. Bryan, Centerville Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>							
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)					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) <u>J. D. Gentry M.D.</u>				22b. ADDRESS <u>Centerville, Mo.</u>			22c. DATE SIGNED <u>3/5/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>3-2-53</u>		<u>Centerville Cemetery</u>		<u>Centerville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/9/53</u>		REGISTRAR'S SIGNATURE <u>E. M. Hubbs</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>				

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

(Licensed Embalmer's Statement on Reverse Side) Conrad J. White

JUL 15 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 *Paul J. White*

Licensed Embalmer No. *3012*

P. O. Address *Clinton Md.*

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.