

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8372**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **56**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | |
| c. LENGTH OF STAY (In this place) 4 months | | d. STREET ADDRESS (If rural, give location) 363 West Mitchell | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 363 West Mitchell | | | |

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|---|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Patrick John Bryan | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Mch. 3, 1953 |
|---|------------|-------------|-----------|---|

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|--------------------|-------------------------------|---|--|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 29th, 1875. | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Month I Days 4 | IF UNDER 4 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farm tenant | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John Bryan | 13b. MOTHER'S MAIDEN NAME Annie Cass | 14. NAME OF HUSBAND OR WIFE Margaret Holmes Bryan |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs Margaret H. Bryan, Marshall, Mo. | ADDRESS |
|---|-------------------------------------|---|---------|

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

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| 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) |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **Jan 1953** to **March 1953**, that I last saw the deceased on **3/1/53**, and that death occurred at **12-30P** m., from the causes and on the date stated above.

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|---|---------------------------------|--------------------------------|
| 22a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS Marshall Mo | 23c. DATE SIGNED 3/4/53 |
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|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mch. 7, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery | 24d. LOCATION (City, town, or county) (State) Marshall, Missouri |
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|--|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. 3-6-1953 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis | ADDRESS Marshall, Mo |
|--|--|--|-----------------------------|

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

972
1

0972

0

4201

12-30P

385-

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.