

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8522**

FILED MAR 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **357** PRIMARY REG. DIST. NO. **6223** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY OR TOWN <b>El Dorado Springs</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>El Dorado Springs</b> <b>1080</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt# 1- Virgil Township</b>		d. STREET ADDRESS (If rural, give location) <b>Rt.# 1-Virgil Township</b>	

3. NAME OF DECEASED (Type or Print) <b>NANCY</b>	a. (First)	b. (Middle) <b>BRYAN</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>2-26-53</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>1-26-1868</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 18 Mts. Hours	IF UNDER 18 Mts. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Michigan</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Madison</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Boles</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jess Madison-- Eldorado Spgs. R.1</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4222</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 **11 May, 1952**, to **25 Feb, 1953**, that I last saw the deceased alive on **25 Feb, 1953**, and that death occurred at **5:00A. - m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Hill</b>	(Degree or title)	23b. ADDRESS <b>Eldorado Springs</b>	23c. DATE SIGNED <b>27 Feb 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clintonville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Eldorado Springs, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 2 1953</b>	REGISTRAR'S SIGNATURE <b>Mrs Ruth Faith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shirley Parthen</b>	ADDRESS <b>Eldorado Springs</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 14 1955

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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 Max W. Ricker

Licensed Embalmer No. 4696

P. O. Address Orlando Springs

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.