

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10662

State File No.

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston (Rural)</u> <u>0670</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Box 160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Bryant</u> c. (Last) <u>Bryant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1953</u>		
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5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Feb. 14, 1872</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	11. UNDER 100 HRS. Hours <u>18</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Nettleton, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Henry Cowley</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Smapson</u>		14. NAME OF HUSBAND OR WIFE <u>Will Bryant</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Troy Bryant, R.1, Box 160, Charleston, Mo.</u>	
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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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> DUE TO (c) _____		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>331 X</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., 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) _____	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 Jan 30, 1953, to Feb. 1, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Chas. Rolwing M.D.</u>	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>2-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-24-53</u>	REGISTRAR'S SIGNATURE <u>Jean Sanchez</u> <u>480</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. D. Sparks</u> <u>Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5670
1

MAR 26 REC'D
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 27 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 Sparks

Licensed Embalmer No. 3465

P. O. Address Repe Greenwood

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.