

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 9

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Cedar</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Cedar 0100</u>   |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location)<br><u>Hartsburg R.F.D. 0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hartsburg R.F.D.</u>                            |  |   |  |

|   |                                  |  |  |  |   |
|---|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>James</u> b. (Middle) <u>Shippy</u> c. (Last) <u>Bryant</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>April 20 1953</u> |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>August 30 1891</u>                        | 9. AGE (In years last birthday)<br><u>55</u>                 | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>20</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  |  |  |  |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>William Bryant</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Rebecca Jackson</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Laura Bryant</u>                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>RT-35-1318</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Laura Bryant Hartsburg Mo</u> |  |

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

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>153X</u>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 4-13, 1953, to 4-20, 1953, that I last saw the deceased alive on 4-20, 1953, and that death occurred at 12:30 Pm., from the causes and on the date stated above.

|   |  |                               |  |                                     |  |                                    |  |
|---|--|-------------------------------|--|-------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>H. M. Hardwick</u> |  | (Degree or title) <u>M.D.</u> |  | 23b. ADDRESS<br><u>Ashtland Mo.</u> |  | 23c. DATE SIGNED<br><u>4-22-53</u> |  |
|---|--|-------------------------------|--|-------------------------------------|--|------------------------------------|--|

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>April 22 1953</u>                  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt Pleasant Cem Hartsburg RFD. Mo</u> |  | 24d. LOCATION (City, town, or county) (State) |  |
| DATE REC'D BY LOCAL REG.<br><u>4-22-53</u>                 |  | REGISTRAR'S SIGNATURE<br><u>Mrs Maudel Burnett</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. C. Burnett</u>                       |  | ADDRESS<br><u>Ashtland Mo</u>                 |  |

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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 W<sup>m</sup> C. Buerett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.