

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18559

State File No.

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4269 Registrar's No.

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY <u>Lafayette</u> | b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u> | a. STATE <u>Missouri</u> | b. COUNTY <u>Lafayette</u> |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u> <u>0540</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Blocks of Hiway 24</u> | | d. STREET ADDRESS (If rural, give location) <u>2 Blockd of Highway 24</u> | |

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|---|---------------------------|--------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Bryant</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1953</u> |
|---|---------------------------|--------------------------|----------------------------|---|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>October 2, 1874</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|------------------------------|---|---|---|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist (retired)</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Warrenton, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Joseph W. Bryant</u> | 13b. MOTHER'S MAIDEN NAME <u>Luvenia Jones Bryant</u> | 14. NAME OF HUSBAND OR WIFE <u>Eugenia Bierbaum Bryant</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Eugenia Bryant</u> | ADDRESS <u>Wellington, Missouri</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Stomach Liver</u> | | |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) <u>Carcinoma of the Stomach</u> | | <u>4 yrs</u> |
| | DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | <u>151X</u> |

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| 19a. DATE OF OPERATION <u>6-3-52</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the stomach with liver metastases.</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) (m.) | 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 6-29-49, 19 , to 5-3-53, 19 , that I last saw the deceased alive on 5-3, 19 53, and that death occurred at 10:40pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W.D. Davidson</u> | (Degree or title) <u>2 D.O.</u> | 23b. ADDRESS <u>Wellington, Missouri</u> | 23c. DATE SIGNED <u>May 6, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 6, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Evangelical Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u> |
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|---|--|---|---|
| DATE REC'D BY LOCAL REG. <u>May 6, 1953</u> | REGISTRAR'S SIGNATURE <u>Emma Davidson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Clair Sheppard</u> | ADDRESS <u>Wellington, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

540
1

No. 300
10-48

FILED JUN 4 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

J. Edwin Shoppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Mass

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.