

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20978

State File No. ....

FILED JUN 20 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>					
b. CITY OR TOWN <u>Edwards Springs</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Edwards Springs, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>306 So. Summer St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>ANN</u> c. (Last) <u>BRYSON</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>8-29-1877</u>		9. AGE (In years) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>0</u>					
13a. FATHER'S NAME <u>Al Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Maice Bryson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Maice Bryson</u> ADDRESS <u>Edwards Springs</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERNAL BETWEEN ONSET AND DEATH <u>6 hr</u> <u>3 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) <u>592 X</u>					
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 <u>6-5-53</u> , 19 <u>53</u> , to <u>5-28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-27</u> , 19 <u>53</u> , and that death occurred at <u>10:10 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Bannister, MD</u> (Degree or title)				23b. ADDRESS <u>Keosauqua</u>		23c. DATE SIGNED <u>5-29-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>		24d. LOCATION (City, town, or county) (State) <u>Edwards Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 2 1953</u>		REGISTRAR'S SIGNATURE <u>J. Bannister</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>		ADDRESS <u>Edwards Springs</u>			

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

*Floyd E. Caustress*

Licensed Embalmer No. 4419

P. O. Address El Dorado 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.