

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

22253

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MONROE</u>		b. STATE <u>MISSOURI</u>		c. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>139 EAST Summer Str.</u>				d. STREET ADDRESS (If rural, give location) <u>319 CATHERINE</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>VERNON</u>	b. (Middle) <u>LESLIE</u>	c. (Last) <u>BRYDON</u>	Month <u>July</u>	Day <u>6th</u>	Year <u>1953</u>		
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>APRIL 29th 1913</u>		9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRIC Power Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES Frances BRYDON</u>		13b. MOTHER'S MAIDEN NAME <u>Mary ELLEN PATTON</u>		14. NAME OF HUSBAND OR WIFE <u>ELENDR BRYDON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY <u>486-20-2178</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor E. Brydon</u> ADDRESS <u>Monroe City Mo.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ELECTROCUTION</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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. <u>9/143</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LIGHT PLANT</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MONROE CITY MONROE MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 6th '53 10^{AM}</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CAME IN CONTACT WITH HOT WIRE</u>			
22. I hereby certify that I attended the deceased from <u>7-6</u> , 19 <u>53</u> , to <u>7-6</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph J. Luett</u>			23b. ADDRESS <u>MONROE CITY MO.</u>		23c. DATE SIGNED <u>7-8th 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8th 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Judes Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-10-53</u>		REGISTRAR'S SIGNATURE <u>Elise Robertson</u> <u>471-</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SONS, MONROE CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

290
1

I Russell M Wilson Coroner, County of Monroe State of Missouri. Did on 7th Day of July 1953 Hold an Inquest on Vernon Leslie Brydon, and that the jury thier verdict that Vernon Leslie Brydon came to his death by accidental means. by comeing in contact with a metal sign post that had come in contact with high under ground cable.

Russell M Wilson CORONER
MONROE COUNTY MISSOURI.

ESSEL & B. FERRY

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.