

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30752

State File No.

FILED SEP 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs.</u>		1003 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 Luther St.</u>		d. STREET ADDRESS (If rural, give location) <u>205 Luther St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>----</u> c. (Last) <u>Bryant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro 3</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>	8. DATE OF BIRTH <u>1895 Nov. 1, 1891</u>	9. AGE (In years last birthday) <u>77 57</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Arkansas 1</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Wm. Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Sherman Bryant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) <u>-----</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mathew Maxey, R.2, Essex, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			
		ANTECEDENT CAUSES			
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
		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.			

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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:30</u>		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 5/13/53, to 5/28/53, that I last saw the deceased alive on 5/21/53, 1953, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Christened M.D.</u>		23b. ADDRESS <u>130A Front Street Sikeston</u>		23c. DATE SIGNED <u>8/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Addition Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter 429</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. Sparks Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WHILE CLEARLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED AUG 31 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 883-195

SEP 9 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.

3455

P. O. Address

Cape Girardeau

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.

State of Missouri }
County of Mississippi } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 30759

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 1st day of September, 1953, 194____, before me appears
Geneva Caldwell, who, upon her oath, states that the original record of ~~her~~ death
for Josephine Bryant, died Aug. 8, ~~1953~~, 1953, in the State of
Missouri, and which was filed at Jefferson City, Mo. on Aug. 17, 1953, should be corrected as follows:

Item No. 8 should read Nov. 1, 1895

Instead of Nov. 1, 1881

Item No. 9 should read 57

Instead of 71

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Geneva Caldwell Niece
Geneva Caldwell Relationship.

205 27th St. P.O. Box 1014

Present Address. Babbitt, Nevada

Subscribed and sworn to before me this 1st day of Sept. 1953, 194____.

My Commission expires My Commission Expires June 21, 1957 Horace A. Coon Notary Public.

