

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31161

FILED OCT 14 1953

State File No.

BIRTH NO. 58891 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in hospital or institution) <u>5 1/2</u>	c. CITY OR TOWN <u>Millersburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>---</u> c. (Last) <u>Bryant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1953</u>	
5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>Never Married</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 2, 1953</u>
9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>14</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>14</u> Mins. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton Missouri</u>	
13a. FATHER'S NAME <u>Paul Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Jean Richardson</u>	
14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>Paul Bryant</u>		ADDRESS <u>Millersburg Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure Cerebral Hemorrhage injured at birth.</u> ANTECEDENT CAUSES <u>Premature Birth</u> Morbidity 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 <u>7600</u>	
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>7600</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>10/1, 1953</u> to <u>10/3, 1953</u> , that I last saw the deceased alive on <u>10/3, 1953</u> and that death occurred at <u>12:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George F. Wood M.D.</u>		23b. ADDRESS <u>Fulton Mo.</u>	
23c. DATE SIGNED <u>10/3/53</u>			
24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>Oct. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Millersburg</u>	24d. LOCATION (City, town, or county) (State) <u>Millersburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 10, 1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426-	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie P. N. Fulton</u> ADDRESS <u>2mo</u>

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

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 W. S. Embalmer, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. A. Hume.....

Licensed Embalmer No. 377

P. O. Address Fulton.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.