No. 300
10-48

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

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FILED NOV 12 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38035

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6165 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Hurley
c. LENGTH OF STAY (In this place): 9 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Oscar Burton Route #2, Crane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN: "Rural" Hurley
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route #2, Crane

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3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) (None) c. (Last) BRYANT

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 28, 1905

9. AGE (In years last birthday): 48 — If under 1 year: Months 5, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (City and State or Foreign Country): Richland, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dan Bryant

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Oscar Burton, Rt. #2, Crane, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Left Ventricular Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Heart Disease

DUE TO (c) C Failure

INTERVAL BETWEEN ONSET AND DEATH: 18 Years.

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

4013

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953, *to* Oct 22, 1953, *that I last saw the deceased alive on* Oct 22, 1953, *and that death occurred at* 1050 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Coffelt (Degree or title): M.D.

23b. ADDRESS: Aurora, Mo.

23c. DATE SIGNED: 10-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-25-'53

24c. NAME OF CEMETERY OR CREMATORY: Wright's Chapel Cem.

24d. LOCATION (City, town, or county) (State): Stone Co., Missouri

DATE REC'D BY LOCAL REG.: Oct. 29-53

REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brasseau 317-0
per Lena Murray

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John Dean Harris, Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signed John Dean Harris

Signature of Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.