No. 300
10.48

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Cutchlow 25930
State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 408

003
1

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 307 S. West St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1003 0
d. STREET ADDRESS (If rural, give location): 307 S. West St

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Melvin
c. (Last): Bryant

4. DATE OF DEATH (Month) (Day) (Year): 7-16-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-23-1870
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Mill Work
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (City and State or Foreign Country): Ky - 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Curtis Bryant
13b. MOTHER'S MAIDEN NAME: Nancy Choate
14. NAME OF HUSBAND OR WIFE: Nancy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Nancy Bryant — ADDRESS: 307 S. West Mo Sikesto

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) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. arteriosclerosis — ?
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: 4200
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* 7/4, 1954, *to* 7/16, 1954, *that I last saw the deceased alive on* 7/16, 1954, *and that death occurred at* 10 05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. C. Cutchlow MD
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: July 26, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-18-54
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Sikeston Mo

DATE REC'D BY LOCAL REG.: July 31-54
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 42 (1)
25. FUNERAL DIRECTOR'S SIGNATURE: Welsh Funeral Home — ADDRESS: Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED AUG 2 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 854-160

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.