

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19556

State File No. ....

FILED JUN 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Dumas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dumas</u>	
b. CITY (If outside corporate limits, give RURAL and give town) <u>Caruthville</u>	c. LENGTH OF STAY (in this place) <u>37 yrs</u>	c. CITY OR TOWN <u>Caruthville</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>510 E 14th st 0782</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u>	b. (Middle) <u>CHAPMAN</u>	c. (Last) <u>BRYANT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June-13-1955</u>
5. SEX <u>7</u>	6. COLOR OR RACE <u>3) negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 2-1880</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____	IF UNDER 15 MINS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hater Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Daniel B. Chapman</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Haskerton</u>	14. NAME OF HUSBAND OR WIFE <u>George Bryant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME (If address) <u>George Bryant Caruthville 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
11. 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) <u>331 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 10 June, 1955 to 13 June, 1955, that I last saw the deceased alive on 13 June, 1955, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE <u>Frank M. Morgan</u> (Degree or title)	23b. ADDRESS <u>Caruthville mo</u>	23c. DATE SIGNED <u>6/17/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-16-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Piche</u>
		24d. LOCATION (City, town, or county) (State) <u>Caruthville Mo.</u>

DATE REC'D BY LOCAL REG. <u>6-22-55</u>	REGISTRAR'S SIGNATURE <u>Lessee B. Miller</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>La Forge</u> ADDRESS <u>Caruthville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10.300  
0.48

M. W. Cook

6-182-55

JUN 27 1950

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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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.....  
Signature of Student Embalmer

Signed *Noel C. Dean*.....

Licensed Embalmer No. *39*.....

P. O. Address *Caruthersville*.....

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