

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19571

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5906		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>R. 1 Hayti</b>		c. LENGTH OF STAY (In this place) <b>1 Year</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Hayti</b>		0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 1</b>				d. STREET ADDRESS (If rural, give location) <b>Rural Route 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b>		b. (Middle) <b>Alfred</b>		c. (Last) <b>Bryant</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 10, 1877</b>	
9. AGE (In years last birthday) <b>78</b>		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) <b>Retired laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Scottsburrow, Alabama</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Bryant</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Sanders</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille Bryant</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ollie Bryant</b>		ADDRESS <b>Wardell, Mo.</b>	
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) <b>Tuberculosis- this man was in the sanitarium at Mt. Vernon, left before being dis-charged and came home and died.</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. <b>COB X</b>					
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John W. German</b> <b>Coroner 1</b>		23b. ADDRESS <b>Hayti, Mo.</b>		23c. DATE SIGNED <b>6-4-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-5-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wardell Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-8-55</b>		REGISTRAR'S SIGNATURE <b>John W. German</b> <b>406-10</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Osburn Funeral Home, Wardell, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

6-180-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUN 15 1955

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*James A. Johnson*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.