

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40443**

FILED JAN 11 1956

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 5711
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kans. b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Kansas City	d. Is 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 Trinity Lutheran Hospital		* STREET ADDRESS (If rural, give location) 215 N. Valley St. \$15.00		
3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) E. c. (Last) Bryan		4. DATE OF DEATH (Month) (Day) (Year) 12-28-55		
5. SEX Male	6. COLOR OR RACE wht	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-27-07	
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sa les manager	10b. KIND OF BUSINESS OR INDUSTRY Truck leasing	11. BIRTHPLACE (City and State or Foreign Country) Joplin Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Bryan		
13b. MOTHER'S MAIDEN NAME Emily Fulton		14. NAME OF HUSBAND OR WIFE Wylla E Bryan,		
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. 486 01 7592		17. INFORMANT'S SIGNATURE OR NAME Wylla Bryan, widow
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6/8/44</u>, 19<u>44</u>, to <u>Dec 28</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Dec 27</u>, 19<u>55</u>, and that death occurred at <u>6:20 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE Wm. H. GOODSON JR. (Degree or title) <i>Wm. H. Goodson Jr. MD</i>		23b. ADDRESS 730 Prof Bg Kansas City, Mo		23c. DATE SIGNED Dec 29, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-55		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.
24d. LOCATION (City, town, or county) (State) Kansas City Kansas.		25. FUNERAL DIRECTOR'S SIGNATURE Warnick-Custer-Eads. KCK		
DATE REC'D BY LOCAL REG. 12-29-55		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *W. M. Swisher*.....

Licensed Embalmer No. *35*.....

P. O. Address *Keokuk*.....

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.