

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41677**

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 4446 Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY RAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY RAY		
b. CITY OR TOWN HARDIN		c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY OR TOWN HARDIN	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 HOME			e. STREET ADDRESS (If rural, give location) 0890		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) ALBERT	c. (Last) BRYANT	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JUNE 1, 1892	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR: Months 6 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER + FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) MARION COUNTY, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JOSEPH BRYANT		13b. MOTHER'S MAIDEN NAME KATHERINE RUTBOM	14. NAME OF HUSBAND OR WIFE ELLENDER BRYANT		
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. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. CHAS. MERGER ADDRESS RICHMOND, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Instant 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. 4201				
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) _____		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 9:00 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. John F. Baber, coroner			23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 12-19-55
24a. BURIAL OR CREMATION (Specify) burial	24b. DATE 12-19-55	24c. NAME OF CEMETERY OR CREMATORY NEUHOPE CEM.	24d. LOCATION (City, town, or county) (State) RAY COUNTY, Mo.		
DATE REC'D BY LOCAL REG. Dec 20 - 1955	REGISTRAR'S SIGNATURE Malcolm Jackson 273		25. FUNERAL DIRECTOR'S SIGNATURE Knipretil & Buchending ADDRESS Hardin, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1956

AUG 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Reginald Bouchard*.....

Licensed Embalmer No...467

P. O. Address *Hardin,*

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