

FILED FEB 3 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1585

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) MO.	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		d. STREET ADDRESS (If rural, give location) 1118 IOWA AVE. 0495
d. FULL NAME OF HOSPITAL OR INSTITUTION HOPE MANOR REST HOME - 1402 REX					
3. NAME OF DECEASED (Type or Print) a. (First) CENIA		b. (Middle) ALTA	c. (Last) BRYANT	4. DATE OF DEATH (Month) (Day) (Year) JAN. 24, 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 23, 1871	9. AGE (In years last birthday) 84	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) OLNEY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LOUIS BOHNSTEDT		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE JASON F. BRYANT, DEC'D		
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 ADDRESS FRED BRYANT, 110 N. RAILROAD AVE., JOPLIN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardio-vascular-renal syndrome		2 months.
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442x		
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 11-15-55, to 1-24, 1956, that I last saw the deceased alive on 1-23, 1956, and that death occurred at 1:10 P.M., from the causes and on the date stated above.					
23a. SIGNATURE R.A. Mahoney		(Degree or title) D. G. 2	23b. ADDRESS 110 W. 15th St. Joplin, Mo.		23c. DATE SIGNED 1/25/56
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE 1-27-56	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		
DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE James 138. by Robert Lampkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 1 1956

Jasper County Health Office

County File Number 56-2-102

Date Filed FEB 1 1956

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.