

FILED MAR 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8564

State File No.

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 5330 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cherryville</u>		c. CITY OR TOWN <u>Cherryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 mi. South of Steelville</u>		f. STREET ADDRESS (If rural, give location) <u>0280</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Bryant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 15 - 56</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
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		8. DATE OF BIRTH <u>7-5-81</u>	
				9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
				11. BIRTHPLACE (City and State or Foreign Country) <u>Sligo, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Stringer</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Reeves</u>		14. NAME OF HUSBAND OR WIFE <u>James W. Bryant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Bryant Steelville</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		DUE TO (b) <u>Generalized Arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>—</u>			

19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		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 3-15-56, to 3-15-56 that I last saw the deceased alive on 3-15-56, and that death occurred at 4 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Carl Baumann M.D.</u>		23b. ADDRESS <u>Steelville Mo.</u>		23c. DATE SIGNED <u>3-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetary</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cherryville Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3/24/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry M. Jonas Steelville</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....


P. O. Address.....


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.