

FILED SEP 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 29801
65

BIRTH NO.		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Zalma			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bond Nursing Home				d. STREET ADDRESS (If rural, give location) 8090			
3. NAME OF DECEASED (Type or Print)		a. (First) LUCINDA		b. (Middle) ELIZABETH		c. (Last) BRYANT	
5. SEX FM		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 20, 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Blomington, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Henry Shirrell		13b. MOTHER'S MAIDEN NAME Polly Jane Todd		14. NAME OF HUSBAND OR WIFE George Bryant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Williams, Anderson, Ind.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia (nephritis)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal vascular disease</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 yr.</u> <u>6 yrs.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		442X		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 Aug 1, 1956 to 9-7, 1956 that I last saw the deceased alive on 9-6, 1956 and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James D. Springer, D.D.				23b. ADDRESS Lutesville, Mo.		23c. DATE SIGNED 9-11-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-9-56		24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem.		24d. LOCATION (City, town, or county) (State) Lutesville, Mo.	
DATE REC'D BY LOCAL REG. 9-12-56		REGISTRAR'S SIGNATURE Mrs. Buford Crader		25. FUNERAL DIRECTOR'S SIGNATURE Ward Funeral Home		ADDRESS Lutesville, Mo.	

(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
Student Embalmer

Signed

R. O. Laid

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.