

FILED APR 9 - 1957

STANDARD CERTIFICATE OF DEATH

9695

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY IN INSTITUTION <u>years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXX</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>XXXXXXXXXX</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewell</u> b. (Middle) <u>Bryant</u> c. (Last) <u>Bryant</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>2</u> <u>57</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4/10/1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>practical nursing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co R R</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Butler</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Bryson</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Bryant</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-34-7659</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Charles Maloney</u> <u>Madison, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u> <u>Madison, Mo</u>
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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?
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22. I hereby certify that I attended the deceased from Feb, 1949, to 4-2, 1957, that I last saw the deceased alive on Mar. 28, 1957, and that death occurred at 4:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Jolly D.O.</u>	23b. ADDRESS <u>203 1/2 N. Moberly</u>	23c. DATE SIGNED <u>4-4-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-4-57</u>	REGISTRAR'S SIGNATURE <u>Calwell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Fred G. Kumpfer</u>	ADDRESS <u>Madison, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Mrs. Fred G. Thompson* .....

Licensed Embalmer No. *328* .....

P. O. Address *Madison* .....

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.