

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12898**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **460**

1. PLACE OF DEATH  
a. COUNTY **Henry**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clinton**  
c. LENGTH OF STAY (In the place) **20 hrs**  
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Clinton General Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Henry**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clinton**  
d. STREET ADDRESS (If rural, give location) **Clinton, Mo.**

3. NAME OF DECEASED  
a. (First) **WILSON** b. (Middle) **EDGAR** c. (Last) **BRYANT**  
4. DATE OF DEATH (Month) (Day) (Year) **MAY 9 1957**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 25 1889** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. **72 10 14**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY **Own Farm** 11. BIRTHPLACE (State or foreign country) **California Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Wm Brown** 13b. MOTHER'S MAIDEN NAME **Wm Brown** 14. NAME OF HUSBAND OR WIFE **Bessie 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. **Wm Brown** 17. INFORMANT'S SIGNATURE OR NAME **Bessie Bryant** ADDRESS **Clinton Mo**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
**Coronary Atherosclerosis**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Atherosclerosis** INTERVAL BETWEEN ONSET AND DEATH **11 hours**  
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  
**None**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? **2** YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **No** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Clinton Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May 8**, 1957, to **May 9**, 1957, that I last saw the deceased alive on **May 8**, 1957, and that death occurred at **1 A** m., from the causes and on the date stated above.

23a. SIGNATURE **S. B. Hughes** (Degree or title) **M.D.** 23b. ADDRESS **Clinton Mo** 23c. DATE SIGNED **5/9/57**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 24b. DATE **May 10 1957** 24c. NAME OF CEMETERY OR CREMATORY **Holden Cemetery** 24d. LOCATION (City, town, or county) (State) **Holden Mo**

DATE REC'D BY LOCAL REG. **5-9-57** REGISTRAR'S SIGNATURE **Mildred Bigum** 25. FUNERAL DIRECTOR'S SIGNATURE **Canadian Hosp** ADDRESS **Holden Mo**

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*W. K. Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden 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.