

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017083

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 83

S. 300
1-57

10820

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 1622 W. Allison		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Length of stay in lb Lifetime		d. STREET ADDRESS (If outside, give location) Nevada		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Minnie Middle M. Last Bryan				4. DATE OF DEATH Month April Day 30 Year 1958					
5. SEX Fm		6. COLOR OR RACE Wh		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1876 September 14		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 6 Days Hours Min. 	
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 (City and state or country) Vernon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Martin William Davis			13b. MOTHER'S MAIDEN NAME Phoebe Taylor			14. NAME OF HUSBAND OR WIFE Wm. Franklin Bryan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT L. R. Bryan, R#1, Nevada, Missouri			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Hemiplegia, acute, severe.							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic hypertensive heart disease							Unknown		
DUE TO (c) 443 X									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from July 7, 1952 to Apr. 30, 1958 and last saw her ^{her} alive on April 30, 1958 . Death occurred at Nevada, Mo 10:45A on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. B Wray, M. D. (Name or title)				22b. ADDRESS Moore Bldg., Nevada, Mo.			22c. DATE SIGNED May 2, '58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery			23d. LOCATION (City, town, or county) Nevada, Missouri		(State)	
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 5-6-1958		26. REGISTRAR'S SIGNATURE Anna E Ferry	

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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 *L. Douglas Perry*.....

Licensed Embalmer No. *4960*.....

P. O. Address *Nebraska*.....

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.