

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-017988

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED JUN 12 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 56

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Louis, Mo. 2239</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Ironton</u> Length of stay in 1b <u>20 Hrs</u>		d. STREET ADDRESS (If outside, give location) <u>2615 McNair St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Guston</u> Middle <u>G.</u> Last <u>Bryant</u>			4. DATE OF DEATH Month <u>6</u> Day <u>4</u> Year <u>1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/21/1934</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u>13</u> Min.
11. BIRTHPLACE (City and state or country) <u>Zag Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George R. Bryant</u>		14. MOTHER'S MAIDEN NAME <u>Viettle Bayes</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>296-26-2239</u>	
17. INFORMANT <u>Margie Roy Rantoul Ill.</u>		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) <u>hemorrhage into left lung (fractured ribs (left))</u> DUE TO (b) <u>Shock</u> DUE TO (c) <u>fracture left hip and dislocation of forehead</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>32 hours</u>
20a. ACCIDENT <input checked="" 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.) <u>Lost control of car struck Highway Bridge</u>		
20c. TIME OF INJURY Hour <u>2.30</u> a. m. <u>PM</u> Month <u>6</u> Day <u>3</u> Year <u>58</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>32 Highway</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Kaolin Twp.</u>		20g. COUNTY <u>Iron</u> STATE <u>Mo</u>
21. I attended the deceased from <u>6-3-58</u> to <u>6-4-58</u> and last saw ^{them} alive on <u>6-4-58</u> Death occurred at <u>12:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. E. Harland M.D.</u>		22b. ADDRESS <u>Ironton, Mo.</u>	
22c. DATE SIGNED <u>6/5/1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6/5/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ironton Mo</u>
24. FUNERAL DIRECTOR <u>Howell Funeral Home</u> ADDRESS <u>Ironton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/5/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>

(Licensed Embalmer's Statement on Reverse Side)

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. *36*

P. O. Address *Montreal*

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.