

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010482
STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 290

Primary Registration District No.

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) Waynesville, Mo.		c. CITY OR TOWN Richland, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) Way. Gen. Hosp.		d. STREET ADDRESS None.	
3. NAME OF DECEASED (Type or print) First Ollie Middle Franklin Last Bryan.		4. DATE OF DEATH Month March Day 17 Year 1959	
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) Paris, Mo. Monroe Co.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Allen Bryan.		13b. MOTHER'S MAIDEN NAME Mary Lancaster.	
14. NAME OF HUSBAND OR WIFE Grace T. Bryan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. None.		17. INFORMANT Mrs. Grace Bryan Richland, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure, acute Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Myocarditis, chronic, DUE TO (c) Coronary Insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH 6 hours. 3 years. 3 years.	
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.) 4201	
20c. TIME OF INJURY Hour _____ 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 Richland, Missouri	
21. I attended the deceased from _____ to _____ and last saw him alive on 3-16-59. Death occurred at 4:05 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature]	
22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 3/18/59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/19/59	
23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		23d. LOCATION (City, town, or county) (State) Richland, Mo	
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. 3-19-59	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 31 1959

JUN 10 1959

MAR 31 1959

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 *Charles H. Cross*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

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.