

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012343
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 475

300
1-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond 08910 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hoppital #2		Length of stay in lb 7 1/2 yrs.	d. STREET ADDRESS (If outside, give location) Gen. Delivery Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Susie Middle J Last Bryan			4. DATE OF DEATH Month May Day 3 Year 1959	
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5. SEX Female	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 22, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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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) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William T. Payne	13b. MOTHER'S MAIDEN NAME Sarah O'Dell	14. NAME OF HUSBAND OR WIFE B.B. Bryan
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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. none	17. INFORMANT Rolen Bryan, Richmond, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
DUE TO (b) Cardiac Dilatation and failure		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION St. Joseph, Missouri	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT WORK <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 St. Joseph, Missouri	COUNTY	STATE
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21. I attended the deceased from April 29, 1959 to May 3, 1959 and last saw her alive on May 3, 1959 Death occurred at 5:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Mohammad Tahir M.D.	22b. ADDRESS St. Joseph, Missouri	22c. DATE SIGNED 5/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens	23d. LOCATION (City, town, or county) (State) Richmond, Missouri
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24. FUNERAL DIRECTOR Wenschel-Huffman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. May 7, 1959	26. REGISTRAR'S SIGNATURE Wm. Clark Randall
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All diseases in Part I must be causally related. Dr. Mohammad Tahir USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 *Albert E. Harrington*
Licensed Embalmer No. *3258*

P. O. Address *St. Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.