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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020922
STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence (Rural Length of stay in Ib All Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN RFD. 3. King City Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 0380 Rural Jackson Twp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ernest Middle (MIN) Last Bryson

4. DATE OF DEATH Month June Day 7 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 2, 1889
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (City and state or country) DeKalb Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sidney J. Bryson
13b. MOTHER'S MAIDEN NAME Margaret Kathryn Wilson
14. NAME OF HUSBAND OR WIFE Jessie Bryson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 491-42-1592A
17. INFORMANT Mrs. Jessie Bryson. Address King City, RFD. 3. Missouri

MEDICAL CERTIFICATION

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 infarction — INTERVAL BETWEEN ONSET AND DEATH 4 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 3, 1959, to June 7, 1959 and last saw him alive on June 7, 1959
Death occurred at 8 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack L. Baines D.O. (Degree or title)
22b. ADDRESS King City, Mo
22c. DATE SIGNED 6-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 9, 1959
23c. NAME OF CEMETERY OR CREMATORY King City Cem.
23d. LOCATION (City, town, or county) King City (State) Missouri

24. FUNERAL DIRECTOR Harold E. Kadel ADDRESS King City, Mo
25. DATE RECD. BY LOCAL REG. 6-9-59
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Harold E. Woodrel

Licensed Embalmer No. 4609

P. O. Address King City, M

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.