

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021184

STATE FILE NUMBER

FILED JUL 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3017

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-57 D

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital		Length of stay in lb 66 67 years	d. STREET ADDRESS 2729 Van Brunt
		(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William Jennings Bryan Ave			4. DATE OF DEATH Month Day Year 6 21 59			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1897	9. AGE (in years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY Dunn Constr Co	11. BIRTHPLACE (City and state or country) Lamar, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME unknown Ave	13b. MOTHER'S MAIDEN NAME Molly Kirkman	14. NAME OF HUSBAND OR WIFE Gladys Pearl Ave
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) Yes WWI	16. SOCIAL SECURITY NO. 493-12-0173	17. INFORMANT Beatrice Smith	Address 2729 Van Brunt
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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) Myocardial Infarction, Probable Arterio-		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) sclerosis		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		

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
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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
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21. I attended the deceased from 6-21-59 , to 6-21-59 and last saw him ^{xxx} alive on 6-21-59 Death occurred at 7:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Abraham Gelperin (Degree or title) Abraham Gelperin M.D.	22b. ADDRESS General Hospital	22c. DATE SIGNED 6-22-59
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE 6-24-59	23c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery	23d. LOCATION (City, town, or county) (State) Ko. Sheldon, mo
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar	ADDRESS Linwood 1800	25. DATE RECD. BY LOCAL REG. 6-22-59	26. REGISTRAR'S SIGNATURE neva minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 2999

P. O. Address 150

**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.**