

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-028451

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4023 STATE FILE NUMBER

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | 2. USUAL RESIDENCE (Where deceased lived, to institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>RAY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>2 1/2 mo.</u> | c. CITY OR TOWN <u>RAYVILLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4200 N. Chelsea</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rt 2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>DORA Belle BRYAN</u> | | | 4. DATE OF DEATH Month Day Year <u>8-19-1959</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W.</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-30-1880</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>RAY Co. MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>William Manley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Fields</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alonso BRYAN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None.</u> | | 17. INFORMANT <u>Voyd. BRYAN of the Home</u> | |

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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) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>0-6 yrs</u> |
| DUE TO (b) <u>Arteriosclerosis, severe, genl.</u> | | <u>years.</u> |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Spontaneous Abortion by Jan 1959</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | |
|---|---|--|
| 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.) |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | |

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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 <u>Ray 191959</u> | COUNTY <u>Clay</u> | STATE <u>Mo.</u> |
| 21. I attended the deceased from <u>Nov. 25, 1958</u> to <u>Aug 19, 1959</u> and last saw her <u>alive</u> on <u>Aug 12, 1959</u> Death occurred at <u>10:30</u> <u>8/19/59</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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|--|-----------------------------|---|--|---|
| 22a. SIGNATURE <u>P. E. Pearson, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>1025 R. L. Bldg., K. City</u> | | 22c. DATE SIGNED <u>8/19/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>8-19-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Docking Cem.</u> | 23d. LOCATION (City, town, or county) <u>Richmond</u> | (State) <u>Mo.</u> |
| 24. FUNERAL DIRECTOR <u>D. W. Newcomer Sons</u> | | ADDRESS <u>N.W.P. mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-19-59</u> | 26. REGISTRAR'S SIGNATURE <u>vera minshall</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF P. E. Pearson

Paul S. Pearson M.D.
RIA/10 Bldg.
JL4751

SEP 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Henrich
Licensed Embalmer No. 4848
P. O. Address R. C. Inc.

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.