

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035148

FILED VS NOV 3 1959

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 72

ENDED

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, give TOWNSHIP, only) <u>Grassy</u>		Length of stay in 1b OR TOWN <u>11 years</u>		c. CITY OR TOWN <u>Grassy</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>family home</u>				d. STREET ADDRESS <u>5 miles S.W. of Grassy</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Charles Augustus Bryant</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>28</u> Year <u>1959</u>			
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-14-1884</u>	9. AGE (last birthday) <u>64</u>	10. IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>		11. IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>		11. BIRTHPLACE (City and state or country) <u>Woburn, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sabourian</u>		14. NAME OF HUSBAND OR WIFE <u>Della E. Bryant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>337-19-3027</u>		17. INFORMANT <u>Della E. Bryant</u> Address <u>Grassy, Mo.</u>			
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>Circulatory failure.</u> DUE TO (b) <u>Cerebral hemorrhage.</u> DUE TO (c) <u>Arteriosclerosis.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH	
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 <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
21. I attended the deceased from <u>2/4/58</u> to <u>10/26/59</u> and last saw him alive on <u>10/27/59</u> Death occurred at <u>2 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>Littonville Mo</u>		22c. DATE SIGNED <u>10/30/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 30, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grassy</u>		23d. LOCATION (City, town, or county) <u>Bollinger Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Shen C. Linder</u>		ADDRESS <u>Littonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-30-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Buford Crader</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 8 NOV SA

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

J. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Butesville

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.