

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039342

FILED VS DEC 10 1959

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		Length of stay in Ib <b>30 yrs.</b>	c. CITY OR TOWN <b>Excelsior Springs</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ex. Spgs. Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.F.D. 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Burl</b> Middle <b>W.</b> Last <b>Bryant</b>	4. DATE OF DEATH Month <b>Nov.</b> Day <b>10</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 12, 1903</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>28</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Spray Painter, Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Steel</b>	11. BIRTHPLACE (City and state or country) <b>Ray County, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Allen V. Bryant</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Helen McGarvin</b>	14. NAME OF HUSBAND OR WIFE <b>Marian Bryant</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and group of service) <b>Yes, National Guard</b>	16. SOCIAL SECURITY NO. <b>714-01-3013</b>	17. INFORMANT <b>Mrs. Marian Bryant, R.F.D. 2 Ex. Spgs</b> Address
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18. CAUSE OF DEATH (Enter only one cause and for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>	DUE TO (b) <b>Major Arterial Coronary Occlusion</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b></b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b></b>
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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
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21. I attended the deceased from **6/22/41** to **11/10/59** and last saw her/him alive on **11-10-59**.  
Death occurred on **Nov 10 1959** at **2:40 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Virgil Hope</b> (Degree or title)	22b. ADDRESS <b>Excelsior Springs, MO</b>	22c. DATE SIGNED <b>11/11/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, MO</b>
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24. FUNERAL DIRECTOR <b>Virgil Hope, Excelsior Springs, MO</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11/30/59</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Episcopal Sp

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.