

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 0 4 4 8 2 4

Registration District No. 231 Primary Registration District No. 5809 Registrar's No. 62 STATE FILE NUMBER 6

MEMENDED

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liege		Length of stay in lb 10 years		c. CITY OR TOWN Liege		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sophia Middle Ann Last Bryant				4. DATE OF DEATH Month Dec Day 14 Year 1959			
5. SEX Female	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 1-14-1873	9. AGE (last birthday) 86 Yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY General duties		11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Augustus R. Spires			13b. MOTHER'S MAIDEN NAME Rachel Crews		14. NAME OF HUSBAND OR WIFE Geo H. Bryant (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ethel Bryant Liege Mo. Address			
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 Degeneration							INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) Arterio Sclerotic Heart Disease with Hypertension							20 years
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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
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		COUNTY	STATE
21. I attended the deceased from 1940 to Dec. 14, 1959 and last saw her alive on Dec. 13, 1959 Death occurred at 3:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Chas. H. Jones</i>				22b. ADDRESS Montgomery City, Mo.		22c. DATE SIGNED 12/15/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 16-1959	23c. NAME OF CEMETERY OR CREMATORY Bellflower		23d. LOCATION (City, town, or county) Bellflower Missouri		(State)	
24. FUNERAL DIRECTOR <i>Chas. H. Jones Bellflower Mo.</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. 12-15-59	26. REGISTRAR'S SIGNATURE <i>Laura S. Callaway</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

