RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-023772

STATE FILE NUMBER

ILED VS JUL 12 1960

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 58-60

IDED

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lanagan — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY McDonald
c. CITY OR TOWN Lanagan — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Elmer Chaud Bryant

4. DATE OF DEATH Month Day Year: 7 – 6 – 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-6-1895
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months 7 Days 8 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): St Hi-way Emp
10b. KIND OF BUSINESS OR INDUSTRY: Maintenence
11. BIRTHPLACE (City and state or country): Lanagan
12. CITIZEN OF WHAT COUNTRY: U.S

13a. FATHER'S NAME: W.H Bryant
13b. MOTHER'S MAIDEN NAME: Ida Shankard
14. NAME OF HUSBAND OR WIFE: Sylvia Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES I
16. SOCIAL SECURITY NO.: 492-36-1756
17. INFORMANT: Mrs Sylvia Bryant — Address: Lanagan, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Investigated by R.M. Humphrey Jr. Coroner of McDonald Co.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mary A. Bradley Registrar
22b. ADDRESS: Pineville, Mo.
22c. DATE SIGNED: July 8, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-8-1960
23c. NAME OF CEMETERY OR CREMATORY: Lanagan Cem
23d. LOCATION (City, town, or county) (State): Lanagan Mo.

24. FUNERAL DIRECTOR: Humphrey & Son F Home M.H. — ADDRESS
25. DATE RECD. BY LOCAL REG.: July 8, 1960
26. REGISTRAR'S SIGNATURE: Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

JUL 19 1960

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_____ Signed. T. M. Humphrey Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4708

P. O. Address Noel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.