

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036775

FILED IN REGISTRATION DISTRICT NO. 10-1960-317 Primary Registration District No. 544 Registrar's No. 2639 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		Length of stay in 1b 10 da.	c. CITY OR TOWN Springfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #11: 4 1/2 mi west Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Priscilla Middle Isabelle Last Bryant			4. DATE OF DEATH Month Sept Day 5 Year 1960.			
5. SEX F.	6. COLOR OR RACE wh.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Willard Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME John C. Fox		13b. MOTHER'S MAIDEN NAME Sarah Baker		14. NAME OF HUSBAND OR WIFE Wilson Bryant.

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 Frank Bryant, Springfield, Mo.	Address RFD #11
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral hemorrhage, massive.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic hypertension heart disease.	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic nephritis		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	
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19. WAS AUTOPSY PERFORMED? YES <input 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 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 Springfield Mo.	COUNTY Springfield Mo.	STATE
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21. I attended the deceased from 24th of Aug 1960 to Sept 5-1960 and last saw her alive on 9/5/60 Death occurred at 7:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Hester	(Degree or title) MD	22b. ADDRESS Pacific Mo	22c. DATE SIGNED 9/5/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) 9-8-60	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Springfield	23d. LOCATION (City, town, or county) Springfield Mo.
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24. FUNERAL DIRECTOR Mrs. John L. Hester	ADDRESS Pacific Mo.	25. DATE RECD. BY LOCAL REG. 9-7-60	26. REGISTRAR'S SIGNATURE J. H. Hester
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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.