

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039073

FILED VS **OCT 25 1960** 224 Primary Registration District No. 3046 Registrar's No. 77

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CALIFORNIA		Length of stay in 1b		c. CITY OR TOWN CALIFORNIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LATHAM HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) IN CITY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BERT ROY BRYAN				4. DATE OF DEATH Month Day Year OCT 12 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 15 1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HR Hours 27 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER			10b. KIND OF BUSINESS OR INDUSTRY No		11. BIRTHPLACE (City and state or country) California Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SAM BRYAN			13b. MOTHER'S MAIDEN NAME EMMA Mc KISSICK			14. NAME OF HUSBAND OR WIFE DOT SENIOR BRYAN		
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. No		17. INFORMANT DOT BRYAN California 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) Arteriosclerosis, genitally + cerebral							INTERVAL BETWEEN ONSET AND DEATH 6+ years	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ 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 California, Mo Moniteau Mo				
21. I attended the deceased from 9-3-54 to 10-9-60 and last saw him alive on 10-9-60 Death occurred at 9:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. J. Fulcher M.D.				22b. ADDRESS California Mo		22c. DATE SIGNED 10-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-14-1960	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		23d. LOCATION (City, town, or county) (State) California Mo			
24. FUNERAL DIRECTOR ADDRESS Hugh E Williams California Mo			25. DATE RECD. BY LOCAL REG. 10/14/60		26. REGISTRAR'S SIGNATURE Helen L. Pappas			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Russell C. Maxey

Licensed Embalmer No. 4809

P. O. Address California

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.