MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-000258
STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 6

RITE TUB AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Centralia
Length of stay in 1b: From October
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Way Nursing Home
Inside Limits: Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Centralia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 329 South Allen
Reside on Farm: Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print): First: Henry Middle: James Last: Bryson
4. DATE OF DEATH: Month: Jan Day: 17 Year: '61
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/6/1871
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months: 0 Days: 11 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Solomon N. Bryson
13b. MOTHER'S MAIDEN NAME: Lucy Traughber
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clarence Bryson, Centralia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Infirmities of Old age — Many Months
DUE TO (c): Arteriosclerotic Heart Disease — Long Years
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 12-16-60 to 1-17-61 and last saw him alive on 1-16-61
Death occurred at 3:44 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] DO
22b. ADDRESS: Centralia MO
22c. DATE SIGNED: 1-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 20, 1961
23c. NAME OF CEMETERY OR CREMATORY: Centralia
23d. LOCATION (City, town, or county) (State): Centralia, Mo.

24. FUNERAL DIRECTOR: Bill G. Meeker ADDRESS: Centralia, Missouri
25. DATE RECD. BY LOCAL REG.: Jan 20-1961
26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1961

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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.