

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004494

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 44
FILED VS MAR 7 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in 1b <u>10 days</u>	c. CITY OR TOWN <u>Sturgeon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Andrain County Hospital</u>		Inside/Lights Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>-</u>
3. NAME OF DECEASED (Type or print) First <u>Owen</u> Middle <u>-</u> Last <u>Bryson</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>1-</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 5-1890</u>
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>W. F. Bryson</u>	
13b. FATHER'S MAIDEN NAME <u>Palma Palmer</u>		13c. NAME OF HUSBAND OR WIFE <u>Ruth Bryson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Mrs. Ruth Bryson, Sturgeon, Mo.</u>		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) <u>Pulmonary embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
DUE TO (b) <u>Orchiectomy bilateral and left inguinal herniotomy</u>			<u>Feb. 24, '61</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatic carcinoma discovered April 5, 1960</u>			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 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 <u>-</u> Month, Day, Year <u>-</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>March 1, 1961</u>		20f. CITY, TOWN, OR LOCATION <u>Sturgeon, Mo.</u>	COUNTY <u>Boone</u>
21. I attended the deceased from <u>February 11, 1954</u> to <u>February 28, 1961</u> , and last saw her <u>March 1, 1961</u> and last saw him alive on <u>Feb. 28, 1961</u>		Death occurred at <u>8:33 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>L. Lachance, M.D.</u>		22b. ADDRESS <u>Centralia, Missouri</u>	22c. DATE SIGNED <u>3-1-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>MAR 4-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sturgeon, Mo.</u>
24. FUNERAL DIRECTOR <u>Dave J. Barlow, Centralia, Mo.</u>	ADDRESS <u>Centralia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 3-1961</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

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

Paul G. Baller

Licensed Embalmer No. H 206

P. O. Address Centralia, 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.