MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026400
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3012 Registrar's No. 78

FILED AUG 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	001		
2	001		
3			
4	1		
5	1		
6			
7	1		
8	2		
9	331X		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs — Length of stay in 1b: 38 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 601 Isley — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 601 Isley — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ursley Middle: M Last: Bryant

4. DATE OF DEATH: Month: July Day: 17, Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/2/1883

9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Home

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Charles Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

17. INFORMANT: Charles Bryant, Address: Excelsior Spgs, 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): Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 48 a 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 7-11-1962, to 7-16-1962 and last saw her alive on 7-16-1962
Death occurred at 7-17-1962 12:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wally Gabbert (Degree or title) M.D.

22b. ADDRESS: 116 Smith, Excelsior Springs Mo

22c. DATE SIGNED: 7-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/18/1962

23c. NAME OF CEMETERY OR CREMATORY: Crown Hill

23d. LOCATION (City, town, or township) (State): Excelsior Springs, Mo

24. FUNERAL DIRECTOR ADDRESS: Prichard Funeral Home, Excelsior Spgs, Mo

25. DATE RECD. BY LOCAL REG.: 8-5-62

26. REGISTRAR'S SIGNATURE: Pauline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Van Landingham

Licensed Embalmer No. 4909

P.O. Address Gladstone Springs, 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.