

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045562

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 241

VS 300
Rev. 4/59

1 1007

2 1030

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4 1

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7 0

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9 331X

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12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACED NOV 16 1962 a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Length of stay in 1b <u>wks</u>	c. CITY OR TOWN <u>Bloomfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shufflet's Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Bloomfield</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>E.</u> Last <u>Bryant</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>7,</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 20-79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Leona, Missouri</u>
13a. FATHER'S NAME <u>Tom B. Stroup</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Furry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. E. W. Aslin, Bloomfield, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. W. Bryant, Dec'd.</u>	
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 <u>4 days</u>
IMMEDIATE CAUSE (a) <u>cerebrovascular accident</u>			
DUE TO (b): <u>essential hypertension</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)			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>3:15 A.</u> Month, Day, Year <u>Oct - 1962</u> a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION <u>Sikeston</u>	COUNTY <u>Stoddard Co.,</u>
20g. STATE <u>Missouri</u>		21. I attended the deceased from <u>Oct - 1962</u> to <u>11/6/62</u> and last saw her/him alive on <u>11/6/62</u> Death occurred at <u>3:15 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. D. Urban</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Sikeston</u>	22c. DATE SIGNED <u>11-9-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov. 7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Stoddard Co., Missouri</u>
24. FUNERAL DIRECTOR <u>Chiles Und. Co., Bloomfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 14 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>

USE BLACK INK OR TYPEWRITER RIBBON

Mo permit renewed

[Handwritten signature]

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,

& by Lulu Cooper # 3499 ~~XXXXXX~~ Embalmer No. _____

~~working under my personal supervision.~~

Student _____

Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.