MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-034736
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 153

FILED SEP 3 1963

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL — Length of stay in 1b 2½ DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FITZGIBBON HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SALINE
c. CITY OR TOWN MARSHALL — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) FITZGIBBON HOSPITAL — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUSSELL Middle LEE Last BRYSON
4. DATE OF DEATH: Month AUG. Day 29 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: AUG. 27 1963
9. AGE (last birthday): IF UNDER 1 YEAR Months Days 2 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): MARSHALL MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: RICHARD BRYSON
13b. MOTHER'S MAIDEN NAME: MARY MORTON
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: RICHARD BRYSON Address: SLATER MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hyalyn Membran Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
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. ☐ 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 8-27-63, to 8-29-63 and last saw her/him alive on 8-29-63
Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James A Reed (Degree or title) MD
22b. ADDRESS Marshall Mo
22c. DATE SIGNED 8-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8/30/1963
23c. NAME OF CEMETERY OR CREMATORY SLATER
23d. LOCATION (City, town, or county) SLATER (State) MO.
24. FUNERAL DIRECTOR Haines Funeral Home ADDRESS Slater Mo
25. DATE RECD. BY LOCAL REG. 8-30-63
26. REGISTRAR'S SIGNATURE Cecil A. Reed

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0975		
2	0975		2
3			
4	0		
5	0		
6			
7	0		
8	0		
9	773.5		
10			
11			
12	1.0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Walter J. Haines Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.