

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011503

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 128

FILED MAR 21 1962

VS 300
Rev. 4/59

17005

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USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED	DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in lb 18 days		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2400 SO. CRYSLER		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) TEEDY RAY BRYANT				4. DATE OF DEATH MARCH 9, 1962				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-1962	9. AGE (last birthday) -0-	IF UNDER 1 YEAR Months 18 Days 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 INFANT	11. BIRTHPLACE (City and state or country) INDEPENDENCE, MO.			12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME DELBERT BRYANT			13b. MOTHER'S MAIDEN NAME WILMA BLAKE			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT Address Delbert Bryant, 2400 So. Crysler, Independ.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				Septicemia				INTERVAL BETWEEN ONSET AND DEATH 12-18 hrs
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.				DUE TO (b) acute fulminating gastroenteritis				24 hrs.
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.				
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"/>				Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
20c. TIME OF INJURY Hour a.m. p.m.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 3-9-62		COUNTY	STATE	
21. I attended the deceased from 3-8-62 to 3-9-62 and last saw him alive on 3-9-62 Death occurred at a				on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Gerald Bachman MD				22b. ADDRESS Independence, Mo.		22c. DATE SIGNED 3-9-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-10-62		23c. NAME OF CEMETERY OR CREMATORIAL -----		23d. LOCATION (City, town, or county) (State) GREENVILLE, KENTUCKY		
24. FUNERAL DIRECTOR GEO.C.CARSON & SONS, INDEPENDENCE, MO.				25. DATE RECD. BY LOCAL REG. 3-10-62		26. REGISTRAR'S SIGNATURE Alba L. Craig		

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



Licensed Embalmer No. 4964

P. O. Address 26 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.