

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

1. PLACE OF DEATH

a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

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 ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **INDEP. SAN. & HOSP.**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2400 SO. CRYSLER

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
TEDDY RAY BRYANT

4. DATE OF DEATH Month Day Year
MARCH 9, 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-18-1962

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR.
-0- Months Days Hours Min.
18

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, Indep.

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 underlying 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.

☐ 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 **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

(Degree or title)

Paul L. Bachman MD

22b. ADDRESS

Indep., Mo

22c. DATE SIGNED

3-9-62

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

23b. DATE
3-10-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)
GREENVILLE, KENTUCKY

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

3-10-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

ITEM NO.

VS 300
Rev. 4/59

17005
270052

3
4 0
5 0
6
7 0
8 0
9764.0
10
11
12 1-0
13 1-0

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 J. T. Cramer

Licensed Embalmer No. 4964

P. O. Address LEMO

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.