

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39523

16
4

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Portageville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southwest Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>"BABY"</u> b. (Middle) <u>BRYANT</u> c. (Last) <u>BRYANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 1948</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>Dec 3, 1948</u>
9. AGE (In years last birthday) <u>15</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inf</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 099</u>
12. CITIZEN OF WHAT COUNTRY? <u>✓</u>			
13a. FATHER'S NAME <u>Edley Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Moore</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edley Bryant</u> ADDRESS <u>Portageville, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>107</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3 Dec, 1948</u> , to <u>18 Dec, 1948</u> , that I last saw the deceased alive on <u>18 Dec, 1948</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James A. Kinley MD</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>23 Dec. 48</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 20-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>
DATE REC'D BY LOCAL REG. <u>12-27-48</u>	REGISTRAR'S SIGNATURE <u>C.C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DarLule Funeral Parlor</u> ADDRESS <u>Portageville, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

Number 149-2

1-3-49

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.