

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15501

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BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>416</u>					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Greene</u> <u>37</u>					
c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>1414 W Webster</u>		d. STREET ADDRESS (If rural, give location) <u>1414 W Webster</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)							
a. (First) <u>Edward</u>		b. (Middle) <u>Bryant</u>		c. (Last) <u>Bryant</u>		DATE OF DEATH <u>May 9 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1878 October 3</u>					
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>habozer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Henry Bryant</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Barnes</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Bryant</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>770</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Bryant</u>		ADDRESS <u>1414 W Webster</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Insufficiency</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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>42 22</u>							
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>Mar. 1947</u> , to <u>May 1949</u> , that I last saw the deceased alive on <u>May 5, 1949</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Leman D. Brown M.D.</u>				23b. ADDRESS <u>311 1/2 Brownville Springfield Mo.</u>		23c. DATE SIGNED <u>May 9, 1949</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>					
DATE REC'D BY LOCAL REG. <u>5-10-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Standley ad III</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Campbell</u>		ADDRESS <u>823 Washington</u>					

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

7-26-28

**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 .....  
Student Embalmer

Signed W.P. Campbell.....

Licensed Embalmer No. 1747.....

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.