

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34254

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5630		Registrar's No. 172	
1. PLACE OF DEATH a. COUNTY <u>Ladde</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ladde</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lebanon</u>		c. LENGTH OF STAY (in this place) <u>1 30y ear</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lebanon</u>		5 3 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.C. Star Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>L.C. Star Rt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Virginia</u>		c. (Last) <u>Bryant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 9 1903</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Albert Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Crews</u>		14. NAME OF HUSBAND OR WIFE <u>Dewey Bryant</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>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Georgie E. Walker</u> ADDRESS <u>Lebanon, Mo. L.C. Star Rt.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental burning</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.					
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ladde Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 2 1949 7:5 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned down.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:45 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard L. Palmer</u> 3 (Degree or title) <u>corner</u>				23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>Nov. 5 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 5-1949</u>		REGISTRAR'S SIGNATURE <u>Altha L. May</u> 424		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received NOV 12 1949

Laclede County Health Unit

File No. 11-89-169

Date Filed NOV 14 1949

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 _____

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.