

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 328

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 44

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R. 2....West Maude St.</u> | |
| 3. NAME OF DECEASED a. (First) <u>JAMES WILLIAM</u> b. (Middle) <u>BRYAN</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>8/13/1871</u> |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR <u>4</u> Months | IF UNDER 1 YEAR <u>9</u> Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Clay Co., Ill.</u> / |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME <u>Lafayette Bryan</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Pathia Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marsella Bryan</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. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Lee Bryan....Poplar Bluff, Mo.</u> | | ADDRESS _____ | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> Cerebral Hemorrhage Hypertension Generalized arteriosclerosis Interval between ONSET AND DEATH <u>2 da.</u> <u>21 days.</u> <u>Unknown</u> <u>Unknown</u> | |
| 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) _____ | | 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) (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>Jan 1, 1951</u> , to <u>Jan 22, 1951</u> , that I last saw the deceased alive on <u>Jan 19, 1951</u> , and that death occurred at <u>9 P.M.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. M. Miller M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | |
| 23c. DATE SIGNED <u>1/26/51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>1/24/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Black Creek</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Butler Co., Mo.</u> | | DATE REC'D BY LOCAL REG. <u>Jan 31 - 1951</u> | |
| REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK *COTRELL....Poplar Bluff, Mo.</u> | |

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

RECEIVED

FEB 6 - 1951

BUTLER CO. HEALTH CENTER

FILE No. 251-59

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed George A. Kirby

Licensed Embalmer No. 4752

P. O. Address Dollar Bluff, N.J.

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.