No. 300
10.48
396

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4421

State File No. .....

BIRTH NO. 7311-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) OZARK OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEYMOUR 1120
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Harold
b. (Middle) Eli
c. (Last) BRYANT, Jr

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 2-21-1951
9. AGE (In years last birthday) —
IF UNDER 1 YEAR: Months —; Days 3
IF UNDER 24 HRS.: Hours; Min.

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) SPRINGFIELD, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Harold Eli BRYANT, Sr
13b. MOTHER'S MAIDEN NAME Golden Marie PRUITT
14. NAME OF HUSBAND OR WIFE — — — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME OZARK OSTEOPATHIC HOSPITAL RECORDS
ADDRESS SPRINGFIELD, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post surgical shock — 7562
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. congenital absence of the esophagus

19a. DATE OF OPERATION 2/23/51
19b. MAJOR FINDINGS OF OPERATION The "Wittel" technique used. Stomach void of any food or H_2O
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21, 1951, *to* 2-24, 1951, *that I last saw the deceased alive on* 2-24, 1951, *and that death occurred at* 3:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Roland E. Wittel (Degree or title) DO
23b. ADDRESS Springfield, Mo.
23c. DATE SIGNED 2/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 2/24/51
24c. NAME OF CEMETERY OR CREMATORY SEYMOUR
24d. LOCATION (City, town, or county) SEYMOUR (State) MO

DATE REC'D BY LOCAL REG. 2/24/51
REGISTRAR'S SIGNATURE W. E. Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE Kelley-Ferrell-Bergmann Seymour
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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.

This body not embalmed

Signed.....

Signed.....
Student Embalmer

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.