S. No. 300
v. 10.48

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

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

5280

State File No.

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 22

0592
0

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 1219 Bryan 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Edgar
b. (Middle): Hardy
c. (Last): Bryant

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 19, 1951

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 24, 1869
**9. AGE** (In years last birthday): 81 — If under 1 year: Months 6, Days 25 — If under 1 hr.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter Ret.
**10b. KIND OF BUSINESS OR INDUSTRY**: Independent
**11. BIRTHPLACE** (State or foreign country): Andrew County, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: James Bryant
**13b. MOTHER'S MAIDEN NAME**: Laura Woodcock
**14. NAME OF HUSBAND OR WIFE**: xxx
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Alice Christy, Chillicothe, 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) Pneumonia - Bilateral Terminal — Interval between onset and death: 12 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac Decompensation — 2 days
DUE TO (c) Auricular Fibrillation — 2 days

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Intestinal Upset Acute — 7 days

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

4343

**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* Feb. 12, 1951, *to* Feb. 19, 1951, *that I last saw the deceased alive on* Feb. 18, 1951, *and that death occurred at* 4:15A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Joseph A. Conrad (Degree or title) M.D.
**23b. ADDRESS**: Chillicothe Mo
**23c. DATE SIGNED**: Feb. 21-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb. 21, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Lathrop
**24d. LOCATION** (City, town, or county) (State): Lathrop, Missouri

DATE REC'D BY LOCAL REG.: Feb-21-51
REGISTRAR'S SIGNATURE: Frances B. Neill
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Arnold Gordon - Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
3 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

## 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 Randall Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.