

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8989

State File No. \_\_\_\_\_

FILED MAR 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>INDEPENDENCE</b>	c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>INDEPENDENCE</b> <span style="float: right;">0485</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEP. SANITARIUM &amp; HOSP?</b>		d. STREET ADDRESS (If rural, give location) <b>800 W. WALDO</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>S.</b> c. (Last) <b>BRYANT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 4, 1951</b>
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5. SEX <b>MALE</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>DEC. 3, 1879</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAWYER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LAW PRACTICE</b>	11. BIRTHPLACE (State or foreign country) <b>COLUMBIA, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE S. BRYANT Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET FERGUSON</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Walter C. Allen</i>	ADDRESS <b>Independence Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 days</b>  <b>6 months</b>  <b>592x</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Nephritis &amp; hypertension</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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 25, 1951, to March 4, 1951, that I last saw the deceased alive on March 4, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. Allen D. M.D.</i>	23b. ADDRESS <b>Independence Mo</b>	23c. DATE SIGNED <b>March 5, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/6/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 5-1951</b>	REGISTRAR'S SIGNATURE <i>R. M. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>OTT &amp; MITCHELL</b>	ADDRESS <b>INDEP., MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 REC

MAR 16 1967

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Marion Steir*

Licensed Embalmer No. 5156

P. O. Address INDEPENDENCE, 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.