

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12060

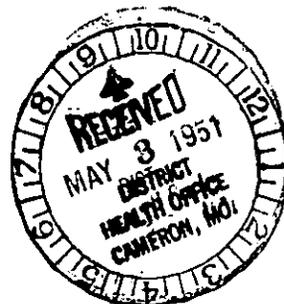
FILED MAY 5 1951

State File No. ....

310

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

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>38</u>			
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>		c. LENGTH OF STAY (In this place) <u>10yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> <u>0210</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED a. (First) <u>Charles</u> (Type or Print)			b. (Middle) <u>Henry</u>		c. (Last) <u>Bryant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <u>married</u> DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan. 7 1879</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public schools</u>		11. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harrison Henry Bryant</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ivory</u>			14. NAME OF HUSBAND OR WIFE <u>Frances 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Bryant, Gallatin Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>							
		DUE TO (c) <u>Arterial Sclerosis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>23, Apr.</u> , 19 <u>51</u> , to <u>25 Apr.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>25 Apr.</u> , 19 <u>51</u> , and that death occurred at <u>4:20P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. W. Miles</u>				23b. ADDRESS <u>Gallatin Mo.</u>				23c. DATE SIGNED <u>1st May, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill crest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1st May 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>			81		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home, Gallatin Mo.</u>		



**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

L. Dickerson  
Licensed Embalmer No. 3307

P. O. Address Gallatin 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.