

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 9 1951 STANDARD CERTIFICATE OF DEATH

State File No. 13179

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (If this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Larny Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>428 So Clinton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Izetta</u> b. (Middle) <u>Towers</u> c. (Last) <u>Bryant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 29 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 10 1901</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Nashville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Bruce</u>	
13b. MOTHER'S MAIDEN NAME <u>Mathie Dorney</u>		14. NAME OF HUSBAND OR WIFE <u>Selmer Bryant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) _____		16. SOCIAL SECURITY NO. <u>495-32-1921</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Biggs</u> ADDRESS <u>Brookfield Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uric acid</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>diabetes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>260X</u>
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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>4/25</u> , 19 <u>51</u> , to <u>4/29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/29/51</u> , 19 <u>51</u> , and that death occurred at <u>1:30</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. W. Bohannan M.D.</u> (Degree or title)		23b. ADDRESS <u>211 Linn Brookfield Mo</u>	23c. DATE SIGNED <u>4/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 1 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-4-51</u>	REGISTRAR'S SIGNATURE <u>W B Ewing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Homer Stauden</u> ADDRESS <u>Brookfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0582

MAY 9 1951

Date Received: MAY 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-67-866
Date Filed: MAY 8 1951

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.

Student
Student Embalmer

Signed James B. McClard

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.