No. 300
10.48

FILED JUL 3 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20638

BIRTH NO. 124 REG. DIST. NO. 774 PRIMARY REG. DIST. NO. 3035 Registrar's No. 70

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1008 Highland Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0542
d. STREET ADDRESS (If rural, give location): 1008 Highland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): CLYDE
c. (Last): BRYAN

4. DATE OF DEATH (Month) (Day) (Year): June 25 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: February 3, 1881
9. AGE (In years last birthday): 6870 — If under 1 year: Months 4, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining - hired
11. BIRTHPLACE (State or foreign country): Red Cloud, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Bryan
13b. MOTHER'S MAIDEN NAME: Elizabeth Burton
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ward Bryan — ADDRESS: Orange, Texas

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) ① Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: Not Known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) This man was found dead
DUE TO (c) in a chair in his room

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. History of being drunk for about 3 weeks — 3220

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation
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.): No injury
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* after death *19* 0 *to* 6-25, *19*51, *that I last saw the deceased alive on* ——, *19*—, *and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Martin Vise Coroner
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 6-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28, 1951
24c. NAME OF CEMETERY OR CREMATORY: Machpelah
24d. LOCATION (City, town, or county) (State): Lexington, Missouri.

DATE REC'D BY LOCAL REG.: June 28, 1951
REGISTRAR'S SIGNATURE: Minerva E. Eastabrooks 156
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest F. Tempel — ADDRESS: Lexington, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-2-51

AUG 24 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 Norman W. Thorne, Student Embalmer No. 427 working under my personal supervision.

Signed Geo. McLean

Signed Norman W. Thorne
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.