

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26815
3373

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2748	
c. LENGTH OF STAY (In this place) 7 months		d. STREET ADDRESS (If rural, give location) 5235 Rockhill Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5235 Rockhill Road			

3. NAME OF DECEASED (Type or Print)	a. (First) VIVIAN	b. (Middle) Hadley	c. (Last) BRYAN	4. DATE OF DEATH (Month) (Day) (Year) Aug 6 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 16 - 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Plainfield Indiana	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME OSCAR Hadley	13b. MOTHER'S MAIDEN NAME Emma Talbot	14. NAME OF HUSBAND OR WIFE Dr Thomas A Bryan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR Stewart Johnson	ADDRESS 5235 Rockhill
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo. 5 yrs 44 ^{1/2} X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 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) m.	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 Dec 1949, to Aug 6, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Donald R. Black by (Degree or title) Frank B. Lester MD	23b. ADDRESS 924 Park Pl. Bldg. K Co Mo	23c. DATE SIGNED 8-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Dodge Grove Cemetery	24d. LOCATION (City, town, or county) (State) Mattoon Illinois
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DATE REC'D BY LOCAL REG. 8-7-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. J. Thuermerhaus, Kansas City, Mo
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

107 W. Woodward

1901-2-28

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address 107 W. Woodward

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.