

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37183**
4879

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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 54 YRS		d. STREET ADDRESS (If rural, give location) 1018 BROADWAY 3119	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) RICHARD	c. (Last) BRYAN	4. DATE OF DEATH (Month) (Day) (Year) NOV. 14-1951
--	-------------------------	----------------------------	------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 20-1897	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months —	IF UNDER 24 HRS. Days —	Hours —	Min. —
--------------------	-------------------------------	---	--------------------------------------	---	------------------------------------	-----------------------------------	----------------	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BELLMAN	10b. KIND OF BUSINESS OR INDUSTRY PHILLIPS HOTEL	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME J.R. BRYAN	13b. MOTHER'S MAIDEN NAME SALLY CANNELL	14. NAME OF HUSBAND OR WIFE Rhoda N. BRYAN
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 493-12-5539	17. INFORMANT'S SIGNATURE OR NAME MRS. J.R. BRYAN	ADDRESS 1018 Broadway-KC, Mo.
--	---	--	--	--------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute congestive heart failure Pulmonary Infarction		INTERVAL BETWEEN ONSET AND DEATH 36 hours 6 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congestive heart failure		
	DUE TO (c) arteriosclerotic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterial sclerosis		H200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 **11-9-51**, 19**51**, to **11-13-51**, 19**51**, that I last saw the deceased alive on **11-13-51**, 19**51**, and that death occurred at **2:30A** m., from the causes and on the date stated above.

23a. SIGNATURE E. Robert Nigro <i>E. Robert Nigro, M.D.</i>	(Degree or title)	23b. ADDRESS 925 Argyle Bldg., K.C., Missouri	23c. DATE SIGNED 11-15-51
---	-------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 16-1951	24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. 11-15-51	REGISTRAR'S SIGNATURE <i>Seraldine Holmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman + Son Inc. K.C. MO.	ADDRESS
--	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 11 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *James E. Dasklem*

Signed.....
Student Embalmer

Licensed Embalmer No. *4593*

P. O. Address *H. C. 518*

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.