

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4324

State File No.

S. No. 300
v. 10.48

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>202 WILDWOOD ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 WILDWOOD ST.</u>		d. STREET ADDRESS (If rural, give location) <u>202 WILDWOOD ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WEALTHY</u> b. (Middle) <u>AGNES</u> c. (Last) <u>BRYANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 5 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 13, 1878</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHARLES HALL</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY WOODS</u>	14. NAME OF HUSBAND OR WIFE <u>ADDISON BRYANT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. N. MALOTT, Excelsior Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two weeks</u> <u>years -</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		
	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 <u>334X</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) _____	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 1-25, 1952, to 2-1-, 1952, that I last saw the deceased alive on 21, 1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bessie B. Hatcher</u> (Degree or title) <u>Mo.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>2/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW GARDEN</u>
24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles Richard Excelsior Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/7/52</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	62

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

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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 Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Seeborn Springs, 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.