

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

State File No. **5731**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **304.3** Registrar's No. **54**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
a. COUNTY Merion		a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		d. STREET ADDRESS (If rural, give location) 419 Oak Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Imogene Taft Bryan	b. (Middle)	c. (Last)	February 16, 1952		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 19, 1914	9. AGE (In years last birthday) Months Days 37 9 27	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	10b. KIND OF BUSINESS OR INDUSTRY Mertin Rosa	11. BIRTHPLACE (State or foreign country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James B. Teft	13b. MOTHER'S MAIDEN NAME Mable Cook	14. NAME OF HUSBAND OR WIFE Harold Lee Bryan
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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. 487-14-0047	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. B. DeJarnett	ADDRESS Hannibal, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bilateral pulmonary edema, bilateral hydrothorax, hydroperitoneum		INTERVAL BETWEEN ONSET AND DEATH acute 1 month 1 months
	DUPLICATE TO (b) metastatic carcinoma to spleen and periaortic abdominal lymphnodes		
	DUPLICATE TO (c) massive invasion of liver by metastatic carcinoma		
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 checked="" 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 1/11/52, 19__, to 2/16/52, 19__, that I last saw the deceased alive on 2/15/52, 19__, and that death occurred at 4:00A. m., from the causes and on the date stated above.

23a. SIGNATURE F. E. Suckman M.D.	(Degree or title) M.D.F.A.C.S.	23b. ADDRESS 115 N. 5th St., Hannibal, Mo	23c. DATE SIGNED 2/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/52	24c. NAME OF CEMETERY OR CREMATORY Grandview	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 2-26-52	REGISTRAR'S SIGNATURE Dr. E. M. Suckman	FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher	ADDRESS Hannibal Missouri
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 28 1952
MARION CO. HEALTH DEPT.
DATE FILED MAR 3 1952

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 *H. Crawford Smith*

Licensed Embalmer No. 38874

P. O. Address Hannibal Missouri

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.