

FILED MAY 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSARGENT
15303
State File No. 15303

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 82			
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #2				d. STREET ADDRESS (If rural, give location) RFD #2					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) H.		c. (Last) BRYANT		4. DATE OF DEATH (Month) (Day) (Year) 4-6-52			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11-30-1884			
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Frisco R.R.Co		11. BIRTHPLACE (State or foreign country) MORLEY Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.Co		11. BIRTHPLACE (State or foreign country) MORLEY Mo. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN BRYANT			13b. MOTHER'S MAIDEN NAME RACHEL PIPER			14. NAME OF HUSBAND OR WIFE PENNY			
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James F. Bryant Sikeston 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. SUICIDE (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 2-18-52, 19, to 4-6-52, 19, that I last saw the deceased alive on 4-5 1952, and that death occurred at 10:40 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Eldon Sargent M.D.				23b. ADDRESS Sikeston; Missouri		23c. DATE SIGNED 4-16-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-9-1952		24c. NAME OF CEMETERY OR CREMATORY City (OLD)		24d. LOCATION (City, town, or county) (State) MORLEY MO			
DATE REC'D BY LOCAL REG. 4-24-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welsh Funeral Home - Sikeston Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 18 1952

RECEIVED APR 28 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-12

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

Raymond Crews

Signed.....
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.