

## STANDARD CERTIFICATE OF DEATH

State File No. **16246**

FILED JUN 11 1952

BIRTH NO.		REG. DIST. NO. <b>140</b>		PRIMARY REG. DIST. NO. <b>229</b>		Registrar's No. <b>54</b>	
1. PLACE OF DEATH a. COUNTY <b>New Franklin Howard.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Howard.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Franklin.</b>		c. LENGTH OF STAY (in this place) <b>16 mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Franklin. 0450</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b>		b. (Middle) <b>John</b>		c. (Last) <b>Bryan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 29-52.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Unknown approx 76</b>	
9. AGE (In years last birthday) <b>0</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>no</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Charles Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>Edward Bryan</b>			13b. MOTHER'S MAIDEN NAME <b>Margarette Bryan</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>P. A. Bryan</b>		ADDRESS <b>New Franklin</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>				<b>unknown</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arthritis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		<b>4221</b>	
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 <b>Jan 1</b> , 19 <b>52</b> to <b>May 27</b> , 19 <b>52</b> that I last saw the deceased alive on <b>May 27</b> , 19 <b>52</b> and that death occurred at <b>6 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>P. A. Chamberlain</b> (Degree or title)				23b. ADDRESS <b>New Franklin</b>		23c. DATE SIGNED <b>May 31-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Winterville Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Winterville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-2-1953</b>		REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>		FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Hall</b>		ADDRESS <b>New Franklin Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

450  
1

---

---

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 N. G. Hall.....

Licensed Embalmer No. 3515.....

P. O. Address New Franklin, 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.