

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1952

State File No. 23306

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3078		Registrar's No. 22	
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 CHAFFEE		c. LENGTH OF STAY (in this place) 20 ym		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE 1001			
d. FULL NAME OF HOSPITAL OR INSTITUTION 418 COOK AVE.				d. STREET ADDRESS (If rural, give location) 418 COOK AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) ARNIE c. (Last) BRYANT			4. DATE OF DEATH (Month) (Day) (Year) 5 21 1952				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-23-1882		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4	IF UNDER 1 HR. Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) SHANNON MO		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME JAMES BROADFOOT		13b. MOTHER'S MAIDEN NAME P. HAGLE		14. NAME OF HUSBAND OR WIFE JACK BRYANT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ray Bryans Chaffee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AORTIC INSUFFICIENCY ET PAROXYSMAL TACHYCARDIA DUE TO (c) EMPHYSEMA II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 6 mo. 1 week	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE NATURAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE			
22. I hereby certify that I attended the deceased from MAY 12, 1952 to MAY 21, 1952 that I last saw the deceased alive on MAY 20, 1952 and that death occurred at 1:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. J. Mansbach				23b. ADDRESS CHAFFEE, MO		23c. DATE SIGNED 6-10-52	
24a. BURIAL (CREMATION, REMOVAL) (Specify) BURIAL		24b. DATE 5-22-52	24c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM		24d. LOCATION (City, town, or county) (State) CHAFFEE MO		
DATE REC'D BY LOCAL REG. JUN 12-52		REGISTRAR'S SIGNATURE Mrs Fred Bryans		25. FUNERAL DIRECTOR'S SIGNATURE SM Stubbs		ADDRESS CHAFFEE MO	

(Licensed Embalmers' Statement on Reverse Side)

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

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RECEIVED JUN 13 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-172

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 _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.