S. No. 300 FILED DEC 15 1952
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37956

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5221 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Dayton Township
c. LENGTH OF STAY (In this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. one

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mingo Township
d. STREET ADDRESS (If rural, give location): Rural Mingo Township

1070

3. NAME OF DECEASED (Type or Print)
a. (First): Jefferson
b. (Middle): Davis
c. (Last): Bryant

4. DATE OF DEATH (Month) (Day) (Year): Dec 3 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 10 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months 10, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Bates County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Maxwell Bryant
13b. MOTHER'S MAIDEN NAME: Mary Maxwell
14. NAME OF HUSBAND OR WIFE: Anna Belle Bryant (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Frank Bryant
ADDRESS: Adrian 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemiplegia — 6 yrs
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: 334X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 29, 1952, *to* Dec 3, 1952, *that I last saw the deceased alive on* Dec 3, 1952, *and that death occurred at* 4 15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Crane (Degree or title): DO
23b. ADDRESS: Harrisonville Mo.
23c. DATE SIGNED: 12/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Cove Creek Cemetery
24d. LOCATION (City, town, or county) (State): Bates County Mo

DATE REC'D BY LOCAL REG.: Dec 8, 1952
REGISTRAR'S SIGNATURE: Dora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE: Hobart Arnold
ADDRESS: Creighton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 13
CASS COUNTY
HEALTH DEPARTMENT

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 Irvin R Arnold, Student Embalmer No. 460, working under my personal supervision.

Student Irvin R. Arnold
Student Embalmer

Signed Hobart Arnold

Licensed Embalmer No. 3621.

P. O. Address Creighton 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.