

FILED NOV 25 1953

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

State File No. 5332

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NORTH KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>11 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>3521 BALTIMORE AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3918 CHARLOTTE GROSSE NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle) <b>D.</b>	c. (Last) <b>Bryan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 9 53</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>Nov-28-1873</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 30 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>COMMODITY CREDIT CORP. - WASHINGTON MISSOURI</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>U. S. A.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>CAPT. ARCHIBALD BRYAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ELLEN STEREGERE</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. CLARA NORTON</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>511-01-8495</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. ROBERT M. MYERS</b>	ADDRESS <b>804 W. 15th ST. KANSAS CITY, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c) <b>Coronary Heart Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer of the sigmoid</b>		6 mos.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Feb 15, 1949**, to **Nov. 9, 1953**, that I last saw the deceased alive on **Nov. 2, 1953**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul E. Pearson MD</b>	(Degree of title) <b>MD</b>	23b. ADDRESS <b>1025 Redd Bldg. K.C. Mo.</b>	23c. DATE SIGNED <b>11/9/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>NOV-11-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PRESBYTERIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WASHINGTON MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-11-53</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**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.....  
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No. *418*

P. O. Address *Kansas*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.