

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5977**
Registrar's No. **1608**

BIRTH NO. **518** REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003**

MAR 8 1954

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 20 days	c. CITY OR TOWN West Frankfort
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) rural route 8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle)	c. (Last) BRYAN
4. DATE OF DEATH (Month) (Day) (Year) 2-12-54		5. SEX male	
6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 18, 1893	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Auburntown, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Mannie Bryan	
13b. MOTHER'S MAIDEN NAME Mary McAdoo		14. NAME OF HUSBAND OR WIFE unknown	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Ellers, St. Louis, Mo.
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) Biliary Cirrhosis (C. Liver failure)		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Common Duct Obstruction		6 months	
DUE TO (c) Carcinoma of Head of Pancreas		6 months plus	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 1-25-54		19b. MAJOR FINDINGS OF OPERATION Biliary Cirrhosis; Common Duct Obstructed by Tumor of Pancreas.	
20. AUTOPSY (Specify) Positive		YES <input checked="" type="checkbox"/> NO <input 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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 157X		
22. I hereby certify that I attended the deceased from Jan 1, 1954 , to Feb. 12, 1954 , that I last saw the deceased alive on Feb. 12, 1954 , and that death occurred at 3:20 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ernest T. Dmytryk, M.D.		23b. ADDRESS University Club Bldg	23c. DATE SIGNED Feb. 18, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-14-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Marion, Ill.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 18 1954 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson F.H., Marion, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Randall O. York*
Licensed Embalmer No. 3

Licensed Embalmer No.

P. O. Address..... *St. Louis*

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.