

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. TURNER

8250

State File No.

No. 300
10-48

BIRTH NO. 1150 MAR 22 1954

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (in this place) 25 DAYS	c. CITY OR TOWN RICHLAND		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ALBERT c. (Last) BRYANT			4. DATE OF DEATH (Month) (Day) (Year) MARCH 15 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 29 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) RICHLAND, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ROBERT BRYANT		13b. MOTHER'S MAIDEN NAME CELIA PURPLE	14. NAME OF HUSBAND OR WIFE MILDRED PRESS		
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MILDRED BRYANT RICHLAND, MISSOURI			
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) <u>Arteriosclerotic nephritis with uremia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic heart disease active with mitral stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH FEW MONTHS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 440x			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)			
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 <u>9-12, 1950</u> , to <u>3/15, 1954</u> , that I last saw the deceased alive on <u>3/15, 1954</u> , and that death occurred at <u>11:55p.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James T. Turner, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>3/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/17/54	24c. NAME OF CEMETERY OR CREMATORY OAKLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) RICHLAND, MISSOURI		
DATE REC'D BY LOCAL REG. 3-18-54	REGISTRAR'S SIGNATURE <u>Carroll Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ... Springfield, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

9467 P & MTH
1956

MAR 20

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 *Lucien T. Swadlow*

Licensed Embalmer No. *180*

P. O. Address *Franklin*

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.