

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

State File No. **9330**

No. 300
10.48

FILED APR 12 1954 BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3090 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>121 Jackson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>427 Reynard St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALONZO</u> b. (Middle) <u>BYRON</u> c. (Last) <u>BRYANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 4, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 14, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Ida Grove, Iowa</u>		12. COUNTRY OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Bryant</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Katie Bryant (dec)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-22-5891</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clyde Wingo, Chillicothe, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
	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 <u>None</u>	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) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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? _____

22. I hereby certify that I attended the deceased from Mar 24, 1954 to Apr 4, 1954, that I last saw the deceased alive on Apr 3, 1954 and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. W. Bumpston, M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>4-5-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr. 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>
	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	

DATE RECD BY LOCAL REG. <u>4/6/54</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Jordan</u>	ADDRESS <u>Chillicothe, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

692

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 Russell Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.