

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **6269** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give town) BURAOZARK		c. CITY OR TOWN MARSHFIELD MO	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) 3 YRS		e. STREET ADDRESS (If rural, give location) 3MI S.E. of MARSHFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) EFFIE c. (Last) BRYAN		4. DATE OF DEATH (Month) (Day) (Year) MAR 20 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 19 1871
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) EILHETSVILLE IND
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME RICHARD EVERMAN		13b. MOTHER'S MAIDEN NAME REBECCA COOPER	
14. NAME OF HUSBAND OR WIFE —			
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. —	
17. INFORMANT'S SIGNATURE OR NAME BERL BRYAN		ADDRESS WICHITA KANS	
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) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			
DUE TO (c) Arteriosclerosis			
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 331 X	
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-8 , 19 54 , to 3-20 , 19 54 , that I last saw the deceased alive on 3-20 , 19 54 , and that death occurred at m. , from the causes and on the date stated above.			
23a. SIGNATURE: <i>[Signature]</i> (Degree or title)		23b. ADDRESS 1001 Marshfield, Mo	
23c. DATE SIGNED 3/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-23-1954	
24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD		24d. LOCATION (City, town, or county) (State) MARSHFIELD MO	
DATE REC'D BY LOCAL REG. 3/27/54		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE 392 BARBER-BARTO		ADDRESS MARSHFIELD	

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 *Glen A. Williams*

Licensed Embalmer No. *76*

P. O. Address *Marshfield*

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.