

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16775

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>4385</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>				
b. CITY (If outside corporate limits, write RURAL and give townships) <u>Koshkonong--Big Apple</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koshkonong--Big Apple</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) <u>MYRA</u>			b. (Middle) <u>BELL</u>			c. (Last) <u>BRYAN</u>		
6. COLOR OR RACE <u>white</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			8. DATE OF BIRTH <u>Nov. 22, 1874</u>		
9. AGE (In years last birthday) <u>79</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Robert F. Snodgrass</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Phenix</u>		
14. NAME OF HUSBAND OR WIFE <u>Albert Bryan, dec.</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Carl D. Bryan</u>			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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45 p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Lee D. Martin</u>				23b. ADDRESS <u>of house, Mo.</u>		23c. DATE SIGNED <u>5-14-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-20-54</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Deland Carter Thayer Mo</u>				

468-0 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 _____

Jelane Carter

Licensed Embalmer No. 4516

P. O. Address Thayer, N.Y.

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.