

FILED NOV 10 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

36321

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>6263</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>WEBSTER</u>		b. CITY OR TOWN <u>Rural Finley Tsp</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Webster</u>			
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SEYMOUR MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) <u>RFD. 2</u> 1120					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CYRUS I</u>		b. (Middle) <u>BRYANT</u>		c. (Last) <u>BRYANT</u>			
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <u>JAN 16 1873</u>		9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshalltown Iowa</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JAMES P. BRYANT</u>		13b. MOTHER'S MAIDEN NAME <u>JOLIA TUTTLE</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmo Bryant Seymour Mo</u>		ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION					
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
				ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Thrombosis of Myocardial INFARCT</u>		?	
						DUE TO (c) <u>Arteriosclerosis</u>		?	
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				20. AUTOPSY? YES <input 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)		4201			
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 <u>MAY 10, 1952</u> to <u>OCT. 28, 1954</u> , that I last saw the deceased alive on <u>OCT. 28, 1954</u> , and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>G. R. Hice Jr</u> (Degree or title)				23b. ADDRESS <u>Seymour</u>		23c. DATE SIGNED <u>10/29/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-4-1954</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> <u>343</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Seymour Seymour Mo</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *How G. Ferrell*.....

Licensed Embalmer No. *484*.....

P. O. Address *Mansfield, N.H.*

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.