No. 300
10-48

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. TURNER

State File No. 808

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSP. 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 816 E. BELMONT 0356 0

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): E.
c. (Last): BRYANT

4. DATE OF DEATH (Month) (Day) (Year): JAN. 13 1955

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /

8. DATE OF BIRTH: JAN. 11 1876

9. AGE (In years last birthday): 79
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): RETIRED SUPT.

10b. KIND OF BUSINESS OR INDUSTRY: INLAND PRINTING CO.

11. BIRTHPLACE (City and State or Foreign Country): INDIANA /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN BRYANT

13b. MOTHER'S MAIDEN NAME: ABIGAIL BEAVER

14. NAME OF HUSBAND OR WIFE: FRANCES BRYANT

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.: 491-03-2688

17. INFORMANT'S SIGNATURE OR NAME: MRS. FRANCES BRYANT
ADDRESS: SPRINGFIELD, MO.

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) RUPTURE OF LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH: 2 1 MINUTE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INFARCTION OF MYOCARDIUM — 1
DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS.
DUE TO (c) — 1 — 5 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NOT

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10, 1955, *to* 1/13, 1955, *that I last saw the deceased alive on* 1/13, 1955, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glenn O. Turner (Degree or title): M.D.

23b. ADDRESS: Springfield, Mo.

23c. DATE SIGNED: 1/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 1/16/55

24c. NAME OF CEMETERY OR CREMATORY: WHITE CHAPEL

24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.: 1-15-55

REGISTRAR'S SIGNATURE: Ruth Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 473

P. O. Address Springfiel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.