

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28683**

FILED SEP 6 1955

BIRTH NO. _____		REG. DIST. NO. 391		PRIMARY REG. DIST. NO. 4 505		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY STODDARD.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY STODDARD.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELL CITY.		c. LENGTH OF STAY (In this place) 25-DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELL CITY, MO.		d. STREET ADDRESS (If rural, give location) BELL CITY, MO. 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shetley NURSING HOME.							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) BRENTS.			4. DATE OF DEATH (Month) (Day) (Year) 7-30-55				
5. SEX M-		6. COLOR OR RACE W-		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED.		8. DATE OF BIRTH 4-28-1886	
9. AGE (In years last birthday) 69		10. MONTHS 3		11. DAYS 7		12. HOURS 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING.		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) CONWAY, CO. ARK.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME SIMON BRENTS.		13b. MOTHER'S MAIDEN NAME MARY JANE FRAZIER		14. NAME OF HUSBAND OR WIFE ZELLA MAE BRYANT.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Earl Marcum, Sikeston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
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. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from July 26, 1955, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 3:32 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Elephant M. Rivers, D.C.				23b. ADDRESS Box 112 Bell City, Mo.		23c. DATE SIGNED 8-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-1-55		24c. NAME OF CEMETERY OR CREMATORY BLOOMFIELD, MO.		24d. LOCATION (City, town, or county) (State) BLOOMFIELD, MO.	
DATE REC'D BY LOCAL REG. 8-23-55		REGISTRAR'S SIGNATURE Service Moore		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coy Shetley Bell City, Mo.			

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 embalmed by me, or by-----

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Charles E. Mungel

Licensed Embalmer No. 4877

P. O. Address Cape Girardeau,

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.