No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1955

State File No. 30466

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 56

0890

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Crooked River
c. LENGTH OF STAY (in this place): Lifetime.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles West Norborne Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Ray.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne. RR. 2. Rural. 0890
d. STREET ADDRESS (If rural, give location): 4. Miles West Norborne.

3. NAME OF DECEASED (Type or Print)
a. (First): Jerry
b. (Middle): Newton
c. (Last): Bryan.

4. DATE OF DEATH (Month) (Day) (Year): 9. 13. 1955

5. SEX: Male
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 1 1877.
9. AGE (In years last birthday): 77 — 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): Farmer & Stock Farm.
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): Ray County, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jeremiah Hiram Bryan.
13b. MOTHER'S MAIDEN NAME: Mary Francis Fridley.
14. NAME OF HUSBAND OR WIFE: Iva. Clark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs J H Bryan — ADDRESS: Norborne 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): Stokes Adams Disease — INTERVAL BETWEEN ONSET AND DEATH: 2+ years

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.: Chronic nephritis — 2+ years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4330.
20. AUTOPSY? YES ☐ NO ☒

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) 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* 7-2-, 1955, *to* 9-13-, 1955, *that I last saw the deceased alive on* 9-12-, 1955, *and that death occurred at* 1:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph T Haskell M.D.
23b. ADDRESS: 212 South Pine St. Norborne, Mo.
23c. DATE SIGNED: 9-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9.15.1955
24c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cemetery
24d. LOCATION (City, town, or county) (State): Norborne, Missouri.

DATE REC'D BY LOCAL REG.: Sept 16 1955
REGISTRAR'S SIGNATURE: Mabel Jackson 273
25. FUNERAL DIRECTOR'S SIGNATURE: John G. Deitch — ADDRESS: Norborne 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 embalmed by me, or by Me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Marbone Mo

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.