

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. LANGSTON 32794  
State File No. ....

FILED OCT 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 894

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 MO.</b>		e. STREET ADDRESS (If rural, give location) <b>ROUTE # 10 BOX # 199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JEWELL</b> b. (Middle) <b>BRYANT</b> c. (Last) <b>BRYANT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 11 1955</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 3 1903</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ROBERT FORD</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET TUTTLE</b>		14. NAME OF HUSBAND OR WIFE <b>RALPH C. BRYANT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R.C. BRYANT</b> ADDRESS <b>RT # 10 SPFLD, MO.</b>	

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* <b>Metastatic adenocarcinoma to lungs Sept. 1954</b> <b>liver + generalized in abdomen from</b> ANTECEDENT CAUSES <b>Primary of Sigmoid Colon - July, 1952.</b> DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) <b>153X</b>			INTERVAL BETWEEN ONSET AND DEATH
		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 <b>Colon resection July 1952</b> <b>Exploratory lap - liver biopsy Sept 1954</b>		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 (Month) (Day) (Year) (Hour) OF INJURY		21a. 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 Sept, 1954, to 10/11, 1955, that I last saw the deceased alive on 10/10, 1955, and that death occurred at 1:10A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Roland Langston M.D.</b>		23b. ADDRESS <b>Springfield</b>		23c. DATE SIGNED <b>10/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/12/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WHITE CHAPEL</b>	
		24d. LOCATION (City, town, or county) <b>SPRINGFIELD, MISSOURI</b>		(State)	

DATE REC'D BY LOCAL REG. <b>10-12-55</b>		REGISTRAR'S SIGNATURE <b>Carroll Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert H. Thompson</b> ADDRESS <b>SPRINGFIELD, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *Lucien T. Swadlow*

Licensed Embalmer No. *108*

P. O. Address *Spring*

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.