

16-300
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STANDARD CERTIFICATE OF DEATH

41644

FILED JAN 4 - 1956

State File No. 305

BIRTH NO. REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 3056 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give town) MOBERLY		c. LENGTH OF STAY (in this place) 3 DA.	c. CITY OR TOWN RURAL - JACKSON TWP.
d. FULL NAME OF HOSPITAL OR INSTITUTION McCORMICK Hospt.		STREET ADDRESS (If rural, give location) R.F.D. #2, PARIS Mo 40	

3. NAME OF DECEASED a. (First) ORA b. (Middle) BELLE c. (Last) BRYAN			4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1955		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APR 4, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME ALLEN BRYAN		13b. MOTHER'S MAIDEN NAME BELLE WALLER		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARVIN SHRADEK, PARIS, Mo			
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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) Arteriosclerotic presyncope				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac decompensation				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	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 **Dec. 18, 1955**, to **Dec. 21, 1955**, that I last saw the deceased alive on **Dec. 19, 1955**, and that death occurred at **2:05 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mollie S. Christman D.O.		23b. ADDRESS PARIS, Mo.		23c. DATE SIGNED 12-21-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-22-55	24c. NAME OF CEMETERY OR CREMATORY CEDAR GROVE	24d. LOCATION (City, town, or county) (State) MONROE Co., Mo.		
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DATE REC'D BY LOCAL REG. 12-22-55	REGISTRAR'S SIGNATURE Leah W. Lane	269-0	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS PARIS, MISSOURI	
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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.....
Signature of Student Embalmer

Signed..... *E. H. Agnew*

Licensed Embalmer No. 400

P. O. Address PARIS, MISSOURI

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