

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2488

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 13

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY St. Charles   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE Missouri b. COUNTY St. Charles |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>TOWN Foristell | c. LENGTH OF STAY (in this place)<br>16 Yrs | c. CITY OR TOWN Foristell  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   | e. STREET ADDRESS (If rural, give location)<br>Foristell Mo. 0920  |  |

|   |                           |   |  |   |
|---|---------------------------|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)  | a. (First) Jesse          | b. (Middle) Lee   | c. (Last) Bryson   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Jan 27 1956 |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>Jan 10, 1902                                     | 9. AGE (In years last birthday)<br>54                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Lumber man |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Lumber                       | 11. BIRTHPLACE (City and State or Foreign Country)<br>Birch Tree Mo. | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                  |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br>Frank Bryson                                      | 13b. MOTHER'S MAIDEN NAME<br>Nancy Allen | 14. NAME OF HUSBAND OR WIFE<br>Beulah Bryson                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>No | 16. SOCIAL SECURITY NO.<br>None          | 17. INFORMANT'S SIGNATURE AND ADDRESS<br>Beulah Bryson Foristell, Mo. |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Being hit by a piece of steel while sawing lumber<br>DUE TO (c) |  |                                  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION<br>9123<br>11 |                                  |

|   |   |   |
|---|---|---|
| 21a. ACCIDENT SUICIDE (Specify)<br>Accident                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Sawmill               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>Foristell 092 (COUNTY) St. Charles, Mo (STATE) |
| 21d. TIME OF INJURY<br>(Month) (Day) (Year) (Hour)<br>Jan, 27 1956 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br>Hit in head and neck by a piece of steel                            |

22. I hereby certify that I attended the deceased from Jan, 28, 1956 to Jan, 28, 1956, that I last saw the deceased alive on Jan, 28, 1956, and that death occurred at Wentzville, Mo., from the causes and on the date stated above.

|   |                               |   |
|---|-------------------------------|---|
| 23a. SIGNATURE<br><i>Morris M. Whaley</i><br>(Degree or title)<br>Coroner | 23b. ADDRESS<br>Wentzville MO | 23c. DATE SIGNED<br>8 Feb-1956                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                       | 24b. DATE<br>Jan. 31, 1956    | 24c. NAME OF CEMETERY OR CREMATORY<br>Linn Cemetery |
| 24d. LOCATION (City, town, or county) (State)<br>Wentzville, Missouri.    |                               |   |

|                                     |  |  |                       |
|-------------------------------------|--|--|-----------------------|
| DATE REC'D BY LOCAL REG.<br>2/28/56 | REGISTRAR'S SIGNATURE<br><i>Martin F. Coffey</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Carlton J. Pitman</i> | ADDRESS<br>Wentzville |
|-------------------------------------|--|--|-----------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27 1958

**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 *Anthony J. Pitman*

Licensed Embalmer No. *497*

P. O. Address *Belleville*

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.