

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13163  
State File No. 1714

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 1714

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Richmond</u>	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) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) <u>0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernon</u> b. (Middle) <u>Lee</u> c. (Last) <u>BRYANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single, Never Married</u>	8. DATE OF BIRTH <u>9-12-95</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mfn. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal miner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert H. Bryant</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Sensabaugh</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Official VA Hospital Records</u>
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 INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchal pneumonia</u>			420
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease with cardiac decompensation</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Emphysema and fibrosis</u>			
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. 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 <u>April 11, 1956</u> , to <u>April 19, 1956</u> , and that death occurred at <u>4:45 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Robert E. Dooner, M.D.</u>		23b. ADDRESS <u>Veterans Administration Hospital 4801 Linwood Blvd., K. C. Mo.</u>	23c. DATE SIGNED <u>4-19-56</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNNY SLOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-20-56</u>	REGISTRAR'S SIGNATURE <u>vera minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS 1301 BRUSH CREEK BLVD. K. C., MO.</u>	

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 *Richard L. Rogers*.....

Licensed Embalmer No. *495*.....

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.