

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27781**

Dr Kaiser
FILED SEP 12 1956

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5900** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY Remiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Remiscot	
b. CITY OR TOWN Braggadocio twp c. LENGTH OF STAY (In this place) 2 yr		c. CITY OR TOWN Rural d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Rt #1 Bragg City Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Samantha c. (Last) Bryant			4. DATE OF DEATH (Month) (Day) (Year) Aug 17, 1956		
5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12 1892		9. AGE (In years last birthday) 84 Months 3 Days 5
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Middle, Tennessee		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fry	13b. MOTHER'S MAIDEN NAME OK	14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John Brumright Rt #1 Bragg City		ADDRESS 1720 J
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.				

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. German Local Registrar Bragg City, Mo	23b. ADDRESS	23c. DATE SIGNED 8-19-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-17-56	24c. NAME OF CEMETERY OR CREMATORY Yorkville Cemetery	24d. LOCATION (City, town, or county) (State) Yorkville, Tennessee
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DATE REC'D BY LOCAL REG 9-1-56	REGISTRAR'S SIGNATURE John H. German	25. FUNERAL DIRECTOR'S SIGNATURE Brown Funeral Home	ADDRESS Wagon Hall Tennessee
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

406

9-233-56

SEP 10 1956

REMISCOT COUNTY HEALTH DEPARTMENT
SUN ROOM HOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *435*
P. O. Address *Hayti, D.*

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.