Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James Q. Chambers, Jr.

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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

FILED JUN 19 1957

'57 020972
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2599

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5916 Wyandotte — Length of stay in 1b: 15 Yrs

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5916 Wyandotte — Reside on Farm: Yes ☐ No ☐

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**3. NAME OF DECEASED** (Type or print): First: AILEEN Middle: Last: BRYANT

**4. DATE OF DEATH**: Month May Day 31, Year 1957

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: Nov. 27, 1881

**9. AGE** (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At Home

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Independence, Mo

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13. FATHER'S NAME**: William Lawrence Bryant

**14. MOTHER'S MAIDEN NAME**: Amanda Ella Hughes

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: No

**17. INFORMANT**: Ella Hughes Poindexter — Address: 5916 Wyandotte

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion-acute — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:
DUE TO (b) Angina Pectoris - severe — 15 yrs.
DUE TO (c) Myocardial infaraction - old — 15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY**: Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.):

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 8/15/1952 to May 31, 1957 and last saw her/him alive on May 29, 57
Death occurred at 9:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): James Q. Chambers Jr. M.D.

**22b. ADDRESS**: 4620 J.C. Nichols Rd.

**22c. DATE SIGNED**: 6-1-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: June 3, 1957

**23c. NAME OF CEMETERY OR CREMATORY**: Woodlawn

**23d. LOCATION** (City, town, or county) (State): Independence, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Stine and McClure 3235 Gillham Plaza

**25. DATE RECD. BY LOCAL REG.**: 6-3-57

**26. REGISTRAR'S SIGNATURE**: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene L. [illegible]

Licensed Embalmer No. 46

P. O. Address R. C

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.