

Health,  
Welfare  
Public  
Service

300  
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31220

STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>10264</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Jefferson City</u> TOWN <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Mary's Hosp</u>			Length of stay in 1b <u>seven years</u>		d. STREET ADDRESS (If outside, give location) <u>617 Madison Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>SAMUEL</u> Last <u>BRYAN</u>				4. DATE OF DEATH Month <u>October</u> Day <u>5th</u> Year <u>'57</u>					
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>December 30th 1879</u> <u>77</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Month <u>9</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>William David Bryan</u>				14. MOTHER'S MAIDEN NAME <u>Adelaide Bush</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Gates Bryan, 617 Madison St., J.C., Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple myeloma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis generalis 203X</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>11:30</u> a. m. <u>AM</u> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Jan 1 / 56</u> to <u>Oct 5 / 57</u> and last saw him <u>alive on Oct 5, 1957</u> Death occurred at <u>11:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated:									
22a. SIGNATURE (Degree or title) <u>Dean A. Dwyler M.D.</u>				22b. ADDRESS <u>Jefferson City, Mo.</u>				22c. DATE SIGNED <u>10-7-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 7th '57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Link Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wainwright, Missouri</u>			
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7 October 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD MR.</u>			

(Licensed Embalmer's Statement on Reverse Side)

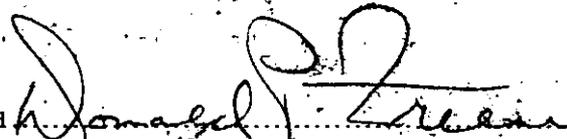
MEDICAL CERTIFICATION

VS  
MAY 2 1960

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   
Donald P. Freeman  
Licensed Embalmer No. ....

P. O. Address Jefferson City  
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.