

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35707

STATE FILE NUMBER

FILED OCT 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4565

S. 300  
1-57

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>   |                               | c. CITY OR TOWN <b>Kansas City</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>St. Marys</b>   |                               | d. STREET ADDRESS (If outside, give location)<br><b>415 West 46th St.</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>David</b> Middle <b>BRYANT</b> Last   |                               | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>1st</b> Year <b>1957</b>   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>October 1, 1957</b>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>INFANT</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b> |
| 13a. FATHER'S NAME<br><b>Carl Bryant</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Barbara Louise Hickson</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service)<br><b>NO</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Carl Bryant, 415 West 46 St., K. C. Mo.</b> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u><br>DUE TO (b) <u>atherosclerosis</u><br>DUE TO (c) <u>Brain aneurysm - Right Maxillary Artery</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                               |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>76 15</b>                        |
| 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<br>Hour _____ a.m. _____ p.m.   |                               | 20d. INJURY OCCURRED WHILE AT <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>Oct. 1, 1957</u> to <u>Oct. 1, 1957</u> and last saw her/him alive on <u>Oct. 1, 1957</u> .<br>Death occurred at <u>two fifteen a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Gerald L. Miller M.D.</u>  |                               | 22b. ADDRESS<br><u>400 Park Bldg. K.C. Mo.</u>  |   |
| 22c. DATE SIGNED<br><u>10/2/57</u>  |                               | 23a. BURIAL, CREMATION, etc.<br><b>BURIAL</b>   |   |
| 23b. DATE<br><b>Oct. 2nd, 1957</b>  |                               | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill Cemetery</b>   |   |
| 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |                               | 24. FUNERAL DIRECTOR ADDRESS<br><b>Mellody McGilley Eylar, Kansas City Mo</b>   |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>10-2-57</b>  |                               | 26. REGISTRAR'S SIGNATURE<br><u>Neve Marshall</u>   |   |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Gerald L. Miller

*Dr. Gerald Miller*



**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 *Arthur Eugene Har* .....

Licensed Embalmer No. *4912*  
P. O. Address *K.C. 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.