t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026612
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 603 E. Main — Length of stay in 1b: 20 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ray
c. CITY OR TOWN: Richmond c 89½ — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 603 E. Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: J. Middle: Frank Last: Bryant

4. DATE OF DEATH Month: July Day: 28 Year: 1958

5. SEX: Male c

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug. 26/1872

9. AGE (In years last birthday): 85 — 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): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gro. Store

11. BIRTHPLACE (City and state or country): Dockery, Missouri c

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Eli Bryant

13b. MOTHER'S MAIDEN NAME: Mayy Elizabeth Thompson

14. NAME OF HUSBAND OR WIFE: Allie Duvalt Bryant

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.: Unknown

17. INFORMANT: Mrs. Allie Bryant Address: Richmond, Mo. 603 E. Main

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): Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 331X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 3-17-57, to 7-28-58 and last saw him alive on 7-28-58
Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas B. Cook, M.D. c
22b. ADDRESS: Richmond Mo.
22c. DATE SIGNED: 7/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/30/1958
23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State): Richmond, Missouri

24. FUNERAL DIRECTOR: Quest-Lile Funeral Home ADDRESS: Richmond, Mo.
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: Aug 7-1958

26. REGISTRAR'S SIGNATURE: Mabel Jackson

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

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 ....Morris D. Bailey....

Licensed Embalmer No....4887....

P. O. Address ....Richmond, 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.