

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035361
STATE FILE NUMBER

FILED OCT 29 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 328

300
1-57
4

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY ?	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexoco		c. CITY OR TOWN Topeka	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home		Length of stay in 1b 1 yr.	
3. NAME OF DECEASED (Type or print) First DORIS Middle A. Last BRYANT		4. DATE OF DEATH Month Oct. Day 12 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Shelbina, Mo.
13a. FATHER'S NAME James Lucas		13b. MOTHER'S MAIDEN NAME Jane Jenkins	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Walter A. Bryant, Mexico, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis + Malnutrition DUE TO (c) peptic ulcer (operated) (resection per) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			INTERVAL BETWEEN ONSET AND DEATH 30 days 1 yr
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 Month, Day, Year 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 8-29-58 , to 10-12-58 and last saw her alive on 10-3-58 Death occurred at 2:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. H. Allenbach M.D.		22b. ADDRESS Mexico, Mo	22c. DATE SIGNED Oct 13, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 15, 58	23c. NAME OF CEMETERY OR CREMATORY IOOF	23d. LOCATION (City, town, or county) (State) Shelbina, Mo.
24. FUNERAL DIRECTOR ADDRESS Precht-Hueston, Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Oct 13, 1958	26. REGISTRAR'S SIGNATURE Bonnie Neely

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

MEDICAL CERTIFICATION
B.P. (Allenbach M.D.)
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 28 1958

JUN 20 1959

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 *Earl S. Pech*

Licensed Embalmer No. 3189
P. O. Address Mexico, 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.