

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

59-002352

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. \_\_\_\_\_

274

Primary Registration District No. \_\_\_\_\_

3052

Registrar's No. \_\_\_\_\_

42

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b> <b>18040</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>317 South Ohio</b>	
Length of stay in 1b <b>5 months</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>W.</b> Last <b>BRYANT</b>			4. DATE OF DEATH Month <b>January</b> Day <b>24</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 26, 1876</b>
9. AGE (In years last birthday) <b>82</b>		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) <b>Motor Car Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail motor sales</b>	11. BIRTHPLACE (City and state or country) <b>Mason City, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>not obtainable</b>	
13b. MOTHER'S MAIDEN NAME <b>not obtainable</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Morse Bryant, deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>34-34-34343</b>	17. INFORMANT <b>Dorothy Bell Robinson, Wichita, Kansas</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal Pneumonia. Two days duration.</b> DUE TO (b) <b>Virus Infection of 10 days duration.</b> DUE TO (c) <b>Cardio- Vascular Disease. Over 5 months.</b> <b>Senility.</b>			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) <b>Diabetes over some twenty years.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <b>None.</b> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None.</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. <b>None.</b>			
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.) <b>None.</b>	20f. CITY, TOWN, OR LOCATION <b>9</b>	COUNTY <b>9</b> STATE <b>9</b>
21. I attended the deceased from <b>Sept. 2nd, 1958</b> to <b>Jan. 24th 1959</b> Death occurred at <b>11:35 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jno. B. Carlisle, M.D.</b>		22b. ADDRESS <b>Sedalia, Missouri. I-26-59.</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/27/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
24. FUNERAL DIRECTOR <b>Wm. E. Egan</b>	ADDRESS <b>Sedalia, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 26 1959</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

FEB 11 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 *Sharon Ewing* .....

Licensed Embalmer No. *3847* .....

P. O. Address *Seaside* .....

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.