

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017035

STATE FILE NUMBER

JUN 3 1959

Registration District No. 59

Primary Registration District No.

Registrar's No. 94

S. 300  
r. 1-57

All diseases in Part I must be causally related.  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Garden City-Dayton Twp.</b>		c. CITY OR TOWN <b>Garden City</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at the home</b>		d. STREET ADDRESS (If outside, give location) <b>5 miles south</b>	
3. NAME OF DECEASED (Type or print) <b>Delcie Inez Bryant</b>		4. DATE OF DEATH Month <b>5</b> Day <b>25</b> Year <b>1959</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-8-1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Garden City, Missouri</b>
13a. FATHER'S NAME <b>James Jasper Beamon</b>		13b. MOTHER'S MAIDEN NAME <b>Tilda Ann Hatfield</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Bryant</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>555-03-9973</b>	17. INFORMANT Address <b>Mr. Robert Bryant Garden City, Mo.</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>melastotic carcinoma of liver &amp; elsewhere</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma of secum</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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. Month, Day, Year 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 <b>July 25 1952</b> to <b>May 25 1959</b> and last saw <sup>her</sup> <del>him</del> alive on <b>May 21 1959</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D.S. Colson Do.</b>		22b. ADDRESS <b>Adrian Mo.</b>	
		22c. DATE SIGNED <b>5-27-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-27-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Garden City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Garden City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Atkinson-Hickey</b>		25. DATE RECD. BY LOCAL REG. <b>5-31-1959</b>	
ADDRESS <b>Atkinson-Hickey, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Ray Seber</b>	

JUN 10 1966

CASS COUNTY  
HEALTH DEPARTMENT

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 *P. J. Mickey* .....

Licensed Embalmer No. *4685* .....

P. O. Address *Meriden City,* .....

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.