

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029715

FILED VS AUG 18 1959

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 7034 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>811 Brookfield Ave.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle William Last Bryant 4. DATE OF DEATH Month August Day 14 Year 1959

5. SEX Male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6/19/1891 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months 1 Days 25 IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Tobacco Company 11. BIRTHPLACE (City and state or country) Brookfield, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J. J. Bryant 13b. MOTHER'S MAIDEN NAME Mary Ellen Doyle 14. NAME OF HUSBAND OR WIFE Elizabeth Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 444-12-4084 17. INFORMANT Elizabeth Bryant, Brookfield, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>Cardiac arrest</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u>	<u>7 days</u>
DUE TO (c) <u>atherosclerosis</u>	<u>month</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not-related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 \_\_\_\_\_ Month, Day, Year 3

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 1957 to 1959 and last saw her/him alive on 8-14-59 Death occurred at 11:00 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. D. Harnell (Degree or title) M.D. 22b. ADDRESS Brookfield 22c. DATE SIGNED 8-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 17, 1959 23c. NAME OF CEMETERY OR CREMATORY St. Michael Cemetery 23d. LOCATION (City, town, or county) (State) Brookfield, Mo.

24. FUNERAL DIRECTOR Will Funeral Home, Brookfield, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 8-15-59 26. REGISTRAR'S SIGNATURE Brookie Owens

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ronald T. Wade*

Licensed Embalmer No. 417

P. O. Address Browne

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.