

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035072

FILED VS NOV 8 1959

10 3002 218

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

UNDECEASED

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Mo	Length of stay in 1b 1 hr	c. CITY OR TOWN Montgomery City Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Carrie Middle Lee Last Bryan			4. DATE OF DEATH Month Nov Day 3 Year 1959			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH I2-29-1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Big Springs Mo	12. CITIZEN OF WHAT COUNTRY U.S.A	
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13a. FATHER'S NAME John Logan		13b. MOTHER'S MAIDEN NAME Emily J. Logan		14. NAME OF HUSBAND OR WIFE Linn Bryan "Decd"	
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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. 498-18-162I	17. INFORMANT Charlie Logan	Address Kansas City Mo 2745 Kensington St		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MYOCARDIAL DEGENERATION		12 HOURS
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE		15 YRS
DUE TO (c) HYPERTENSION		15 YRS

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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.)			
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year				
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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
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21. I attended the deceased from **15 YEARS** to **Nov 3 - 1959** and last saw her **alive on Nov 3 - 1959**
Death occurred at **11:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur W. Audsley D.O.		22b. ADDRESS Montgomery City Mo.		22c. DATE SIGNED 11-5-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE II-6-59	23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cemetery	23d. LOCATION (City, town, or county) (State) Montgomery City Mo	
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24. FUNERAL DIRECTOR Chapman	ADDRESS MONTGOMERY CITY MO	25. DATE RECD. BY LOCAL REG. Nov. 5 - 1959	26. REGISTRAR'S SIGNATURE Blanche Keely	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 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
~~xxxx~~ on the 4 th day of Nov 1959 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

C. W. Hopkins
Signed *C. W. Hopkins*

I487
Licensed Embalmer No. _____

Montgomery City Mo
P. O. Address _____

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.