

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024162

FILED VS JUN 28 1960

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 77

STATE FILE NUMBER

INDEXED

DOCUMENT

| | | | | | |
|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> | | Length of stay in 1b <u>52 yrs.</u> | c. CITY OR TOWN <u>Richmond</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>503 N. Main St.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>503 N. Main St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPHINE</u> Middle <u>TRESLYN</u> Last <u>BRYAN</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1960</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>4/30/1908</u> | 9. AGE (last birthday) <u>52</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (City and state or country) <u>Richmond, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>David McCall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Orle Whitmer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Olin Bryan</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | 17. INFORMANT Address <u>Olin Bryan, Richmond, Mo.</u> | | |
| 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>Malignant Brain Tumor</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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. _____ 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 <u>June 1959</u> to <u>June 23, 1960</u> and last saw her/him alive on <u>6-21-60</u> Death occurred at <u>9:05 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Thomas B. Cook, M.D.</u> | | | 22b. ADDRESS <u>Richmond, Mo.</u> | | 22c. DATE SIGNED <u>6/25/60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June 25, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-26-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Malub Jackson</u> | | |

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~XXXX~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Levan Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.