RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

-60-043225
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6059 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY ST CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLLINS-rural
Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3½ N.W COLLINS
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI
b. COUNTY ST CLAIR
c. CITY OR TOWN COLLINS
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: DAVID Middle: C. Last: BRYANT
4. DATE OF DEATH Month: NOV Day: 23 Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 12/10/80
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MILLER MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JOHN BRYANT
13b. MOTHER'S MAIDEN NAME: ELIZABETH STALL
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Everett Baumgardner Address: Collins MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): (was found dead in bed)
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 a.m. p.m. Month, Day, Year
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 —, to — and last saw her/him alive on —
Death occurred at about 3:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Seevers M.D. (L.P.)
22b. ADDRESS
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 25, 1960
23c. NAME OF CEMETERY OR CREMATORY: ROBINSON
23d. LOCATION (City, town, or county) (State): COLLINS MO

24. FUNERAL DIRECTOR: Goodrich F. Home, Osceola
ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-25-1960
26. REGISTRAR'S SIGNATURE: Ruth Seevers

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola

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