SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-024403
STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 129

FILED AUG 1 1961

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYMORE TWP.
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi.N.E. BELTON, MO.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO.
b. COUNTY
c. CITY OR TOWN ~~[illegible]~~ CARTHAGE
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4 Mi. N. E. Belton
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Thomas ~~DANIEL~~ Middle: McDANIEL ~~MACK~~ Last: BRYANT
4. DATE OF DEATH Month: 7 Day: 24 Year: 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/4/1876
9. AGE (last birthday): 85
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): SECTION HAND
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and state or country): LACLEDE CO. MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: THOMAS BRYANT
13b. MOTHER'S MAIDEN NAME: NO RECORD
14. NAME OF HUSBAND OR WIFE: INEZ BRYANT
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.
17. INFORMANT: ~~HARRY~~ R.L. BRYANT, Address: BELTON, 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) Inanition & Debilitation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Dysphagia.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 20 July 61, to 23 July 61 and last saw ~~her~~ him alive on 30 July 1961
Death occurred at 5:30 Am on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE John L. McCee (Degree or title) MD.
22b. ADDRESS Belton, Mo.
22c. DATE SIGNED 7-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JULY 24, 1961
23c. NAME OF CEMETERY OR CREMATORY: PARK CEMETERY
23d. LOCATION (City, town, or county) (State): CARTHAGE MO.
24. FUNERAL DIRECTOR: KNELL MORTUARY ADDRESS: CARTHAGE, MO.
25. DATE RECD. BY LOCAL REG.: July 24-1961
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree
(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

DEC 28 1961

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo.

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.