

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5485-61-040963
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

AMENDED

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo | | c. CITY OR TOWN Prairie Village Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 E 36 Colonial Nursing | | d. STREET ADDRESS (If outside, give location) 5911 W 75th Terr Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MAUDE W BRYAN | | | 4. DATE OF DEATH Month Day Year 11/2/61 |
| 5. SEX Fem | 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 11/7/1877 |
| 9. AGE (last birthday) 83 | | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Near Minden Chariton Co Mo |
| 12. CITIZEN OF WHAT COUNTRY U S A | | 13a. FATHER'S NAME Joseph Charles Riddle | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Ann Bartlett | | 14. NAME OF HUSBAND OR WIFE Floyd Basil Bryan Dec | |
| 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. no | 17. INFORMANT Address Mrs. Beatrice Whiteside 5911 W 75 Terr |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident | | | 5 days |
| DUE TO (c) Cerebral arteriosclerosis | | | Unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteomyelitis of right hip | | | 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 |
| 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. Month, Day, Year | 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 September 10, 1961 to November 2, 1961 and last saw her alive on November 4, 1961 Death occurred at 12:30 p on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Chester B. Beech M.D. (Degree or title) | | 22b. ADDRESS 7501 Mission Rd., Prairie Village, Kans | 22c. DATE SIGNED 11-3-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/4/61 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
| 24. FUNERAL DIRECTOR Sheil Colonial Funeral Home K C Mo ADDRESS | | 25. DATE RECD. BY LOCAL REG. 11-3-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |

DOCUMENT

MEDICAL CERTIFICATION

Chester F. Fee

BY AFFIDAVIT OF

2482

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 John P. Shiel

Licensed Embalmer No. 5070
P. O. Address R. E. Moore

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.