

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043882

STATE FILE NUMBER

 Registration District No. 59 Primary Registration District No. _____ Registrar's No. 208

AMENDED

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Township		Length of stay in 1b 00	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 Mi So, Main Runway Richards-Gebaur AFB, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 924 South Liberty		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Brodie Middle Eugene Last Bryant			4. DATE OF DEATH Month December Day 19 Year 1961		
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10 Feb 22	9. AGE (last birthday) 39
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) USAF	10b. KIND OF BUSINESS OR INDUSTRY USAF	11. BIRTHPLACE (City and state or country) Mountain Grove, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James A. Bryant		13b. MOTHER'S MAIDEN NAME Deceased		14. NAME OF HUSBAND OR WIFE Neva N. Bryant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO.	17. INFORMANT Registrar Address 828th USAF Hospital, Richards-Gebaur AFB Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries, multiple, extreme			INTERVAL BETWEEN ONSET AND DEATH Immediate		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aircraft Accident					
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Aircraft Accident		
20c. TIME OF INJURY 1:50	Hour PM	Month, Day, Year Dec 19 61			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 1 1/2 Mi So, Main Runway	20f. CITY, TOWN, OR LOCATION Belton	COUNTY Cass	STATE Missouri	
21. I attended the deceased from 19 December 1961 to 19 December 1961 and last saw him alive on _____ Death occurred at 1:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Glenn Cummings (Degree or title) GLENN CUMMINGS, Cass County Coroner		22b. ADDRESS Harrisonville, Missouri		22c. DATE SIGNED 20 Dec 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Mountain Grove, Mo.		
24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. DEC. 23, 1961	26. REGISTRAR'S SIGNATURE Ray J. Seibert	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 4 1962

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 _____

Signed N. B. Langisford

Signature of Student Embalmer

Licensed Embalmer No. 4962

P. O. Address Lees Summit

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.