

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043406
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 260

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10365

20360

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1292-0

135-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington , Mo. Length of stay in 1b 30 yrs.		c. CITY OR TOWN Robertsville, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mt. S.W. of Roberts DOA St. Francis Hosp. - ville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 1/2 Mi. S.W. of Robertsville Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Arburt Jesse Bryant			4. DATE OF DEATH Month 11 Day 26 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1897
9. AGE (last birthday) 66		10. IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry		10b. KIND OF BUSINESS OR INDUSTRY Conway County, Ark.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Andrew Bryant		13b. MOTHER'S MAIDEN NAME Maggie (Maiden Name unkn)	
14. NAME OF HUSBAND OR WIFE Cassie E. Bryant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mary Feldmann, Villa Ridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS 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			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 20 YRS
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 14 Aug 61 to 22 Nov 63 and last saw her/him alive on 22 Nov 63 Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George L. Richardson, M.D. (Degree & title)		22b. ADDRESS Medical Arts Clinic, Union, Mo.	
22c. DATE SIGNED 29 Nov 63 (State)		23. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-29-63	23d. LOCATION (City, town, or county) Robertsville, Mo.	
24. FUNERAL DIRECTOR Bell Funeral Home ADDRESS Pacific, Mo.		25. DATE RECD. BY LOCAL REG. 11/27/63	
26. REGISTRAR'S SIGNATURE Leola C. Feldmann			

USE BLACK INK OR TYPEWRITER RIBBON

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DEC 4 1963

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,

~~XXXX~~ Byron J. Bell Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Byron J. Bell*
Licensed Embalmer No. 4977

P. O. Address Pacific, 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.