

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047523
STATE FILE NUMBER

Registration District No. 298 Primary Registration District No. _____ Registrar's No. 120

DO NOT WRITE ON THIS STUD AMENDED

FILED DEC 27 1963	
1. PLACE OF DEATH	
a. COUNTY Daviess	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Gallatin	a. STATE: Missouri COUNTY: Caldwell
OR TOWN Gallatin	c. CITY OR TOWN Hamilton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cox Rest Home	Length of stay in 1b 5 Weeks
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Hamilton
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED	
First John	Middle Henry
Last Bryan	4. DATE OF DEATH
Month Dec.	
Day 17	
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 7/22/88
9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman	10b. KIND OF BUSINESS OR INDUSTRY Cement & Plaster - Va.
11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Bryan	13b. MOTHER'S MAIDEN NAME Ella Shanks
14. NAME OF HUSBAND OR WIFE Mertie Bryan	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.	17. INFORMANT Ralph Bryan Address Wichita, Kansas
18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Amalgam of Colon & Back	
DUE TO (b) Secondary anemia, hypertension	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterial sclerosis, pulmonary prostatic enlargement	
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. WAY AUTOPSY PERFORMED? YES <input 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.)	
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 Hamilton	
COUNTY Hamilton	
STATE Mo.	
21. I attended the deceased from 11-12-63 to 12-17-63 and last saw ^{her} him alive on 12-16-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H.W. Conley M.D. (Degree or title)	22b. ADDRESS Gallatin, Mo.
22c. DATE SIGNED 12-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/19/1963
23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
23d. LOCATION (City, town, or county) Hamilton, Mo.	
(State)	
24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo.	25. DATE RECD. BY LOCAL REG. 20th Dec. 1963
26. REGISTRAR'S SIGNATURE V. Eugene Chark	

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 31 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,

or by _____ Student Embalmer No. _____

working under my personal supervision. *personally embalmed*

Student _____
Signature of Student Embalmer

Signed *Morris A. Brune*

Licensed Embalmer No. *3918*
P. O. Address *Hamilton, 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. *not embalmed*