

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40170

281

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. _____

264

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Colo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Colo</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Centerton</u>	
c. LENGTH OF STAY (if the place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles North East of town</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Bryan</u> c. (Last) <u>to</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 19-1879</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Colo County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hudson</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie Bryant</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give date and duration of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Bryant</u> ADDRESS <u>Centerton, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>3 yrs</u> <u>3 years</u> <u>443X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>June 10, 1946</u> , to <u>Dec 12, 1950</u> , that I last saw the deceased alive on <u>12/12, 1950</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Kanagawa MD</u> (Degree or title)		23b. ADDRESS <u>1 Wallmeyer Bldg</u>	
23c. DATE SIGNED <u>12/13/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	
24b. DATE <u>Dec. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centerton</u>	
24d. LOCATION (City, town, or county) (State) <u>Centerton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Lewis</u> ADDRESS <u>712 Jefferson</u>	
DATE REC'D BY LOCAL REG. <u>Dec 13-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris MD-DR</u>	

Honmagaawa

RECEIVED 12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-18-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

[Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address Jumo.

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 this body is not embalmed, fact should be so stated above.