

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0000795

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 55

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 8 1967

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b 6 Mo.	c. CITY OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 611 E. Capitol Ave		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 409 Church St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Hettie Ann Bryant			4. DATE OF DEATH Month Day Year Jan. 27 1967
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/19/76
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and state or country) Centertown Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Pete Alexander	
13b. MOTHER'S MAIDEN NAME Prudence Dunica		14. NAME OF HUSBAND OR WIFE Emmett Bryant	
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. 487-56-4283	17. INFORMANT Cecil Bryant 105 S. Lincoln St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 <u>1-1-67</u> to <u>1-27-67</u> and last saw her/him alive on <u>1-27-67</u> Death occurred at <u>5:45</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leo M. Baker, D.O.		22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 1-31-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/29/67	23c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	23d. LOCATION (City, town, or county) (State) Centertown Mo.
24. FUNERAL DIRECTOR Freeman Mortuary	ADDRESS 915 Madison St.	25. DATE RECD. BY LOCAL REG. 2-2-67	26. REGISTRAR'S SIGNATURE Norma Miller

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59
 1 0269
 2 0269
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 491X
 10
 11
 12 86-2
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

Cole No.

Jefferson City

409 Church St.

Jan. 27 1917

1917

W.S.A.

Central Burial

187-20-423 Central Burial 107 S. Lincoln St.

Cole

Jefferson City

No. 6

611 E. Capitol Ave

Mar. 27 1917

Female

House No.

Pete Alexander

No.

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 Donald R. Fullmer

Licensed Embalmer No. 4623

P. O. Address Genoa

635-5171

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.

Central Burial 107 S. Lincoln St. Central Burial Cemetery

Freeman Mortuary 615 Madison St.