

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5964

State File No.

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - FISHING RIVER</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MILES NE EXCELSIOR SPRINGS</u>		STREET ADDRESS (If rural, give location) <u>8 MI. NE. EXCELSIOR SPRINGS</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISABELL</u>	b. (Middle)	c. (Last) <u>BRYANT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 23, 1956</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 12, 1881</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>RAY Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>SOLOMON SMITH</u>
13b. MOTHER'S MAIDEN NAME <u>NANCY J. ROE</u>	14. NAME OF HUSBAND OR WIFE <u>LEE L. BRYANT</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT'S SIGNATURE OR NAME <u>GLADYS PROFFITT</u>	ADDRESS <u>RT. #2. EX. SPR. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis Cardiac Failure</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Marasmus Anorexia</u>	DUE TO (c) <u>Carcinoma of Prostate Gland</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1998</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) <u>Lawson RAY Mo.</u>	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 1950</u> , to <u>Feb. 1956</u> , that I last saw the deceased alive on <u>Jan 15, 1956</u> , and that death occurred at <u>3:45 a.m.</u> , from the causes and on the date stated above.	23a. SIGNATURE (Degree or title) <u>Oliver Buehler MD</u>
23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>2/27/56</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>2-23-56</u>
24c. NAME OF CEMETERY OR CREMATORY <u>NEW NEW GARDEN RURAL EX. SPRINGS Mo.</u>	24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Helen J. Laska 272</u>	ADDRESS <u>PRICHARD FUNERAL HOME, INC. Ex. Spr. Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-27-56</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS

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

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 *Ralph E. Van Landingham*

Licensed Embalmer No. *4007*
Galveston, Texas
P. O. Address *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.