

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

69-010725

DO NOT WRITE
ON THIS STUB

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 114

VS 300
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Dot B. Bryan					Female	March 25, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White		74		Dec. 18, 1894	7a. Cole		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Jefferson City		7c. Yes		7d. Memorial Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Widowed		11. None	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 493-50-0314T		13b. Housewife		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. Missouri		14b. Moniteau	14c. California		14d. 200 East Cole		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Alfred Senior					16. Viola Crawford				
INFORMANT—NAME					MAILING ADDRESS				
17a.					17b.				

CAUSE

PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE					
(a) Acute myocardial infarction		4 hour			
(b) Arteriosclerotic heart disease		3 year			
(c)					

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR	
20d. INJURY AT WORK (SPECIFY YES OR NO)				20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20f. LOCATION	
20g.				20h.		20i.	

CERTIFIER

CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. DECEASED FROM		3	24	69	3	25	69	21c. 3-25-69	21d.	21e. 7:30 A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)				
22a.		7:30 A.M.		22b. 3-25-69		22c. 3-26-69				
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. Leon A. Taylor		23b. Leon A. Taylor M.D.		23c. 3-26-69		23d. 65101				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE				
23d. 131 E. 9th St		Jefferson City, Mo		65101						

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	
24a. Removal-Burial		24b. California City Cemetery		California, Missouri		24c. 3-27-1969		24d. Williams Funeral Home 211 S. Oak Calif., Mo. 65018	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR					
25a. James A. Woodard		25b. Norma Miller		3-27-69					

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 74
10b.
11. 0
12. 2
13. 410.9
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-P

POSTED
23

1830

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 Wm. A. Woodard

Licensed Embalmer No. 5172

P. O. Address California, 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.