

17705

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 8 1950

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>PETTIS</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>PETTIS</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		d. STREET ADDRESS (If rural, give location) <u>1402 SOUTH MONITEAU</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1402 SOUTH MONITEAU</u>				d. STREET ADDRESS (If rural, give location) <u>1402 SOUTH MONITEAU</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ERNEST</u>		b. (Middle) <u>JOHN</u>		c. (Last) <u>RYAN</u>		(Month) (Day) (Year) <u>May 29, 1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 4, 1891</u>	
9. AGE (in years last birthday) <u>59</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Greenridge, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wilson Ryan</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Rust</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel Edith Ryan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith M. Ryan, 1402 So. Moniteau, Sedalia,</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>					<u>18 mos</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					<u>2-3 yrs</u>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Ulcer of Stomach</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					<u>151X</u>
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma - Metastases to liver</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>12:25</u> to <u>May 29, 1950</u> , that I last saw the deceased alive on <u>May 28, 1950</u> , and that death occurred at <u>6:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. L. Walter M.D.</u>			23b. ADDRESS <u>Sedalia Mo.</u>			23c. DATE SIGNED <u>5-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McKee Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Pettis Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 29-50</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. W. Beckert</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300

10.48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6/7/50.....

JAN 17 1951

JUN 8 1950

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
Student Embalmer

Signed W. Hickart

Licensed Embalmer No. 3470

P. O. Address Adalia, 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 this body is not embalmed, fact should be so stated above.