

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

499

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "Wakenda Sup"</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u> <u>0972</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MYRTLE</u>	b. (Middle) <u>BELL</u>	c. (Last) <u>RYAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1951</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 12, 1871</u>	9. AGE (In years last birthday) <u>79</u> if UNDER 1 YEAR: Months <u>10</u> Days <u>11</u> if UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Weare</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>George Ryan</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beasy Peel, Malta Bend Mo.</u>	ADDRESS <u>Malta Bend Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 da.</u> <u>78-25</u> <u>10 years ago</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age &amp; paralytic</u>		
	DUE TO (c) <u>Stroke</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 20, 1951 to Jan 23, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. [Signature]</u>	(Degree or title)	23b. ADDRESS <u>Malta Bend, Mo.</u>	23c. DATE SIGNED <u>Jan 24</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>	24d. LOCATION (City, town, or county) <u>Marshall Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/24/51</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	40	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Perry</u>	ADDRESS <u>Marshall Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 5 1951

**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

*J. Leslie Swenson*

Licensed Embalmer No. *32235*

P. O. Address *Marshall, Md*

**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.