

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1701

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 2

551

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Aurora Hospital		d. STREET ADDRESS (If rural, give location) 122 W. Anderson	
3. NAME OF DECEASED (Type or Print) a. (First) Eunice		b. (Middle) Jones	
		c. (Last) Ryker	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 5 1951			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1894
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Marshfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Burell D. Jones		13b. MOTHER'S MAIDEN NAME Josephine Brashear	
		14. NAME OF HUSBAND OR WIFE Homer Ryker	
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. No	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer Ryker Aurora, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatosis.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Primary ca. of fundus of uterus.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <i>3 years.</i> <i>172x</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 <i>Jan 4</i> , 19 <i>51</i> , to <i>Jan 5</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan 5</i> , 19 <i>51</i> , and that death occurred at <i>2:20 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>A. P. Lybett M.D.</i>		23b. ADDRESS <i>Aurora, Mo.</i>	
		23c. DATE SIGNED <i>1-6-51.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 7 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Maple Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Aurora, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>JAN 6, 51</i>		REGISTRAR'S SIGNATURE <i>Oran Mc Natt</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>William Wood</i>		ADDRESS <i>Aurora, Mo.</i>	

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

JAN 15 1951

File _____

Date Filed _____

JAN 22 1951

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 15-1-119

Date Filed 1-23-51

MAY 1 1956

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

James W. Crafton
Licensed Embalmer No. 4668

P. O. Address Aurora, 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.