

Dr. Jones  
FILED MAR 20 1951THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH7981  
State File No. \_\_\_\_\_

0350

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 4

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>DUNKLIN</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLCOMB</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb R. 2 N. #1</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>0350</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MAE</u> b. (Middle) <u>E</u> c. (Last) <u>RYALL</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar 7 51</u>   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>July 12 1900</u>                |
| 9. AGE (In years last birthday) <u>50</u>  |                               | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 10 HRS.<br>Hours _____ Min. _____          |
| 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 wife</u>  | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? _____   |                               | 13a. FATHER'S NAME _____   |   |
| 13b. MOTHER'S MAIDEN NAME _____  |                               | 14. NAME OF HUSBAND OR WIFE <u>George Ryall</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____   |                               | 16. SOCIAL SECURITY NO. _____  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>George Ryall #1</u>   |                               | ADDRESS <u>Holcomb Mo.</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u><br>INTERVAL BETWEEN ONSET AND DEATH _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u><br>002X |   |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |                               | 21a. ACCIDENT (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>1945</u> to <u>3-7-51</u> , that I last saw the deceased alive on <u>3-6-51</u> , and that death occurred at <u>6a</u> m., from the causes and on the date stated above.   |   |
| 23a. SIGNATURE (Degree or title) <u>F. H. Jones M.D.</u>   |                               | 23b. ADDRESS <u>Piggott Ark</u>  |   |
| 23c. DATE SIGNED <u>3-7-51</u>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   |
| 24b. DATE <u>MAR 10 1951</u>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>  |   |
| 24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo</u>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u>  |   |
| DATE REC'D BY LOCAL REG. <u>3-10-51</u>  |                               | REGISTRAR'S SIGNATURE <u>J. Anderson 89</u>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u>  |                               | ADDRESS <u>Piggott Ark</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 3-15-51 .....  
COUNTY FILE NUMBER ..251-68.....

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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 *Clayton L. Lippert*  
Licensed Embalmer No. *Ark 636*  
P. O. Address *Lippert, Ark.*

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.