No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11955

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gashland 0240 0
d. STREET ADDRESS (If rural, give location): R.R. #1

3. NAME OF DECEASED (Type or Print)
a. (First): MARDELL
b. (Middle):
c. (Last): RYAN

4. DATE OF DEATH (Month) (Day) (Year): April 22 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 28, 1901
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 3 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lydon, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: N. D. Smith
13b. MOTHER'S MAIDEN NAME: Etta Mosby
14. NAME OF HUSBAND OR WIFE: John Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Ryan
ADDRESS: Gashland, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute stem cell leukemia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown

DUE TO (c)

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: 2043
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-2, 1951, *to* 4-22, 1951, *that I last saw the deceased alive on* 4-22, 1951, *and that death occurred at* 2:04 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Otto J. Novotna (Degree or title) MD
23b. ADDRESS: Smithville Mo
23c. DATE SIGNED: 4-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 24 1951
24c. NAME OF CEMETERY OR CREMATORY: Barry Cemetery
24d. LOCATION (City, town, or county) (State): Barry Missouri

DATE REC'D BY LOCAL REGR.: April 24-51
REGISTRAR'S SIGNATURE: Beulah Kitchen
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer & Sons
ADDRESS: Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1956

DEC 6 1955

RECEIVED
APR 30 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address Kirksville, 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.