

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40485**

FILED NOV 16 1951
BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY Vernon 1082		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada 7082	
c. LENGTH OF STAY (In this place) Lifetime		d. FULL NAME OF HOSPITAL OR INSTITUTION 507 South Cedar	
d. FULL NAME OF HOSPITAL OR INSTITUTION 507 South Cedar		e. STREET ADDRESS (If rural, give location) 507 South Cedar 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Joseph	c. (Last) Rye	4. DATE OF DEATH (Month) (Day) (Year) October 27 1951
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH February 3, 1907	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alonzo Rye	13b. MOTHER'S MAIDEN NAME Dora M. Epperson	14. NAME OF HUSBAND OR WIFE -----
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clyde Rye	ADDRESS Richards, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza - Myelitis		INTERVAL BETWEEN ONSET AND DEATH Several months
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 343X	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) (m.)	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 **3-12, 1951** to **10-27, 1951**, that I last saw the deceased alive on **3-12, 1951**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. [Signature]	(Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 11-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2-51	24c. NAME OF CEMETERY OR CREMATORY East Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Vernon County Missouri Near Statesbury
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DATE REC'D BY LOCAL REG. 11-3-1951	REGISTRAR'S SIGNATURE Anna E. Ferry 451	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED NOV 5 1951
Dist. File 1151-2013
Date Filed 61-15-51

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

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada 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.