

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9282740  
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1000REG. DIST. NO. 251PRIMARY REG. DIST. NO. 5885Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville - rural 1740</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 miles west 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nodaway County Farm</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>O.</u> c. (Last) <u>RYAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 52</u>	
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>5/27/81</u>
9. AGE (In years last birthday) <u>80</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	11. BIRTHPLACE (State or foreign country) <u>Guilford, Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber - retired</u>		11a. BIRTHPLACE (State or foreign country) <u>Guilford, Missouri</u>	

13a. FATHER'S NAME <u>Winfield Scott Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Purah Lavina Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Rainey Ryan, dec.</u>	
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 ADDRESS <u>Thomas Ryan, Lee Summitt, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Tonsil</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> 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 <u>9 mo</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operations 145X</u>		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) (m.)		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 4-15-1951 to March 9, 1952, that I last saw the deceased alive on Mar 6, 1952, and that death occurred at 3:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>L. P. Dean</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>3/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial 7</u>		24b. DATE <u>3/12/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>	
				24d. LOCATION (City, town, or county) (State) <u>Conception, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3-22-52</u>		REGISTRAR'S SIGNATURE <u>Bess Bolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Clara M. Price*

Licensed Embalmer No.

*1822*

P. O. Address

*Mayville, N.C.*

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.