

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27254

State File No.

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 864

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1328 No. 12	

3. NAME OF DECEASED (Type or Print)	a. (First) WILMA	b. (Middle) MARY	c. (Last) RYTHER	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18 1928	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) DeKalb Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Walter W. Brown	13b. MOTHER'S MAIDEN NAME Effie M. Palmer	14. NAME OF HUSBAND OR WIFE Emery J. Ryther
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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)	16. SOCIAL SECURITY NO. 536-24-3560	17. INFORMANT'S SIGNATURE OR NAME Emery J. Ryther	ADDRESS St. Joseph 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) <u>1 yr</u>		
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	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 8/7, 1952, to 8/13, 1952, that I last saw the deceased alive on 8/13, 1952, and that death occurred at 11:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Benson M.D.</u>	23b. ADDRESS <u>510 Cedar, Bldg.</u>	23c. DATE SIGNED <u>8/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 15 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Aug 16, 1952	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>	ADDRESS St. Joseph Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117

0

Aug. 13 1952

34

Jan. 18 1928

DeKalb Co. Missouri

U S A

536-24-3560

Emery J. Ryther

St. Joseph Mo.

MEDICAL CERTIFICATION

Generalized Carcinomatosis

5 mo.

ANTECEDENT CAUSES

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

DUE TO (b)

Carcinoma of breast

1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

170X

19b. MAJOR FINDINGS OF OPERATION

(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?

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23a. SIGNATURE (Degree or title)
W. C. Benson M.D.

23b. ADDRESS
510 Cedar, Bldg.

23c. DATE SIGNED
8/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Aug. 15 1952

24c. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cemetery

24d. LOCATION (City, town, or county) (State)
St. Joseph Missouri

DATE REC'D BY LOCAL REG.
Aug 16, 1952

REGISTRAR'S SIGNATURE
Carl C. Carter

25. FUNERAL DIRECTOR'S SIGNATURE
Stoney Funeral Home

ADDRESS
St. Joseph 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 Charles E. Bennett.....

Licensed Embalmer No. 4647.....

P. O. Address St Joseph 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.