

S. No. 300  
V. 10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30918

State File No. ....

*D.M. Cluse*  
FILED OCT 7 - 1953

BIRTH NO. .... REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 320

1. PLACE OF DEATH  
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Adair

b. CITY (If outside corporate limits, write RURAL and give township) Kirksville

c. CITY OR TOWN Kirksville

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Laughlin Hospital

e. STREET ADDRESS (If rural, give location) 604 E. Hickory St., 0013

3. NAME OF DECEASED (Type or Print)  
a. (First) John b. (Middle) Joseph c. (Last) Ryan

4. DATE OF DEATH (Month) (Day) (Year)  
Oct. 1, 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Dec. 2, 1882

9. AGE (In years by birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Adair Co., Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Ryan

13b. MOTHER'S MAIDEN NAME Julia Gillespie

14. NAME OF HUSBAND OR WIFE none

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 ADDRESS Mrs. Margaret Ainslie, Kirksville,

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) Left - cerebral hemorrhage  
ANTECEDENT CAUSES Hypertensive cardiovascular disease yrs  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Osteomyelitis rt leg yrs.  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

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) (Min.)

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 9/28, 1953, to 10/1, 1953, that I last saw the deceased alive on 10/1, 1953, and that death occurred at 6:10P am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.M. Cluse DO 2

23b. ADDRESS Kirksville, Mo

23c. DATE SIGNED 10/2/53

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

24b. DATE: 10/5/53

24c. NAME OF CEMETERY OR CREMATORY Highland Park

24d. LOCATION (City, town, or county) (State) Kirksville, Mo.

DATE REC'D BY LOCAL REG. 10-4-53

REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Richard H. Randall*

Licensed Embalmer No. *4866*

P. O. Address *Fiskville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.