

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

901

State File No.

| | | | | | | | | | |
|--|---|--|--|--|---|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>88</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u> | | | c. LENGTH OF STAY (in this place) <u>16 hrs.</u> | c. CITY OR TOWN <u>Strafford</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>No Street Address</u> | | | | <u>0326</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> | | b. (Middle) <u>OTIS</u> | | c. (Last) <u>RYAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 28, 1955</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>8 Dec. 1889</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Month <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Jerome Ryan</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Graves</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Agnes Ryan</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Ryan</u> | | | | ADDRESS <u>Strafford, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | | | | | | |
| | 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 <u>331 X</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 <u>Dec 1954</u> , to <u>Jan 1955</u> that I last saw the deceased alive on <u>Jan 28, 1955</u> , and that death occurred at <u>10:15 P.</u> from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. Dean Cunningham, M.D.</u> | | | | 23b. ADDRESS <u>1715 Boonville Springfield, Missouri</u> | | | 23c. DATE SIGNED <u>1-29-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-30-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ROBERSON PRAIRIE</u> | | 24d. LOCATION (City, town, or county) (State) <u>GREENE Co. Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>1-31-55</u> | | REGISTRAR'S SIGNATURE <u>Edna Williams</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Klingner & Co.</u> | | ADDRESS <u>Springfield, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side) JHC

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 *Ogl Stone Jno*.....

Licensed Embalmer No. *417*.....

P. O. Address *Springfield*.....

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.