

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2437**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond	c. LENGTH OF STAY (in this place) 34 years	c. CITY OR TOWN Richmond	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 701 West Lexington		e. STREET ADDRESS (If rural, give location) 701 West Lexington	

3. NAME OF DECEASED (Type or Print) a. (First) TIP b. (Middle) (N) c. (Last) RYAN			4. DATE OF DEATH (Month) (Day) (Year) January 10, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 5, 1877	9. AGE (In years last birthday) 79	If under 1 YEAR: Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Digger		10b. KIND OF BUSINESS OR INDUSTRY coal mine	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Ryan	13b. MOTHER'S MAIDEN NAME Betty Elizabeth Hayes	14. NAME OF HUSBAND OR WIFE Hattie May (Romine) Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alta Foster, Hardin, Missouri.

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 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 177xA		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tbc Inactive unknown		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) _____	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 **Jan. 8, 1951**, to **Jan. 10, 1956**, that I last saw the deceased alive on **Jan. 10, 1956**, and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Johnson M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 1/11/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri.
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DATE REC'D BY LOCAL REG. Jan 10 - 1956	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI, in charge
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File 15

JAN 30 1918

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 *[Handwritten Signature]*

Licensed Embalmer No. 4064

P. O. Address *[Handwritten Address]*

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.