

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24418

State File No. _____

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>240</u>			
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY OR TOWN <u>WARREN TOWNSHIP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711 Church St</u>				STREET ADDRESS (If rural, give location) <u>MONROE CITY, R.F.D. 2</u> 0640/					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>			b. (Middle) <u>DANIEL</u>		c. (Last) <u>RYAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOVEMBER 9, 1868</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>6</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 (RET)</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS COUNTY, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES RYAN</u>			13b. MOTHER'S MAIDEN NAME <u>JANE ANDERSON</u>			14. NAME OF HUSBAND OR WIFE <u>ELIZABETH RYAN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Ryan</u> ADDRESS <u>Monroe City, Mo R 2</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>usemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of Thrombosis</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>4 days</u> <u>7</u>	
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) <u>177X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>Jan 1956</u> to <u>July 15, 1956</u> , that I last saw the deceased alive on <u>July 11, 1956</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>[Address]</u>			23c. DATE SIGNED <u>7-18-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 17, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CITY, MO</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7-18-56 Dr. E. M. Lucke</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>By Wash. Wilson + Sons</u> ADDRESS <u>Monroe City, Mo</u>					

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

RECEIVED JUL 26 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 26 1956

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 mf....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Levie L. Hilary.....

Licensed Embalmer No. 3014

P. O. Address Monroe City

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.