

THE DIVISION OF HEALTH—MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38807**

FILED DEC 3 1956

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Richwoods	c. LENGTH OF STAY (In this place) 0660	c. CITY OR TOWN Rural Richwoods	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		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Vernon b. (Middle) E. c. (Last) Ryther			4. DATE OF DEATH (Month) (Day) (Year) 10 29 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/22/1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days 0 0	IF UNDER 4 HRS. Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer--Retired		10b. KIND OF BUSINESS OR INDUSTRY Internat'l. Stove Factory		11. BIRTHPLACE (City and State or Foreign Country) Miller County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Orville J. Ryther		13b. MOTHER'S MAIDEN NAME Mary Ellen Anderson		14. NAME OF HUSBAND OR WIFE Dora Ryther		

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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vernon E. Ryther, Dixon, Missouri			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure - decompensation DUE TO (c) Dehydration - Acidosis			INTERVAL BETWEEN ONSET AND DEATH
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) 4341
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 10-28-, 1956, to 10-28-, 1956, that I last saw the deceased alive on 10-28, 1956, and that death occurred at 2:10A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. W. Milligan, M.D.		23b. ADDRESS Dixon, Missouri		23c. DATE SIGNED 10 30 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/29/1956	24c. NAME OF CEMETERY OR CREMATORY Ryther Cemetery	24d. LOCATION (City, town, or county) (State) Miller County, Missouri		
DATE REC'D BY LOCAL REG. Nov. 5, 1956		REGISTRAR'S SIGNATURE Jessie Perkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri	

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

RECEIVED

NOV 8 '56

Miller County
Health Department

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 Oct. 29, 1956, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Gillen.....

Licensed Embalmer No.....

P. O. Address Dixon, Missouri.....

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.