. Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 38084

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9615

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3029 Brantner — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Clara	Middle:	Last: Ryland	4. DATE OF DEATH	Month: 10	Day: 14	Year: 57
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 5 November 1903	9. AGE (In years last birthday): 53	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): housewife	10b. KIND OF BUSINESS OR INDUSTRY: housewife	11. BIRTHPLACE (City and state or country): Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: James Petty		14. MOTHER'S MAIDEN NAME: Darthulia Sanders					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Willie Ryland — Address: 3029 Brantner Pl.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus- Chronic Pulmonary Emphysema 491x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10-7-57, to 10-14-57 and last saw her/him alive on 10-14-57
Death occurred at 2:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin Roseman (Degree or title), M. D. — 22b. ADDRESS 2601 N. Whittier — 22c. DATE SIGNED 10-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 18 Oct. 57	23c. NAME OF CEMETERY OR CREMATORY: M	23d. LOCATION (City, town, or county) (State): West Point Miss.
24. FUNERAL DIRECTOR: Reliable Funeral Sys. — ADDRESS: 1389 N. Union	25. DATE RECD. BY LOCAL REG.: OCT 15 57	26. REGISTRAR'S SIGNATURE: J. Earl Smith MD S.P.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 4685

P. O. Address 4729 Ne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.