FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008479
STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 4477 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Glenwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) home — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Schuyler
c. CITY OR TOWN Glenwood 098°0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Spencer Middle Isen Last Ryals

4. DATE OF DEATH Month Feb. Day 14, Year 1958

5. SEX M
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH August 17, 1878
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 5 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (~~City and state or~~ country) Schuyler CO.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Thomas Ryals
13b. MOTHER'S MAIDEN NAME Jane Holman
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fred M. Ryals Address 410 N. Graves St Ottumwa, Iowa

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis — 12 hours
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 1, 1954, to Feb. 14, 1958 and last saw her ~~him~~ alive on FEB. 14, 1958
Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. R. Stoker, DO.
22b. ADDRESS Lancaster, Mo.
22c. DATE SIGNED Feb 15, 1958

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~
23b. DATE Feb. 16, 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Glenwood IOOF.
23d. LOCATION (City, town, or county) (State) Glenwood, Missouri

24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home Lancaster
25. DATE RECD. BY LOCAL REG. 2-16-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4742

P. O. Address Lukeville, M

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