

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013531  
State File No. ....

FILED APR 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 29

170  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u> <span style="float: right;">0178</span>	
c. LENGTH OF STAY (in this place) <u>1 yr.</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>Turner Rest Home.</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>		b. (Middle) _____ c. (Last) <u>Ryan.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-58</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 25, 1872</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u> IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, Sugar Tree Township, U.S.A</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Cornelius Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Duane.</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married.</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>Mae Flynn, 3930 Harrison K.C. Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> 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>331X</u>	
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 <u>Jan 16, 1958</u> , to <u>4-7-1958</u> , that I last saw the deceased alive on <u>4-7-1958</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Edward L. Smith M.D.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>1071-9<sup>th</sup> St. Carrollton Mo</u>	
23c. DATE SIGNED <u>4-8-58</u>		24. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery, Carrollton Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-58</u>	
24c. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home, Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	

**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 *P. M. Marshall* .....

Licensed Embalmer No. *252* .....

P. O. Address *Carrollton* .....

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.