Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025106

STATE FILE NUMBER 677

FILED JUL 22 1958 Registration District No. 113 Primary Registration District No. 4185 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Clair Mo — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN St. Clair, Mo. 0360 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Henry Middle Last Ryser
4. DATE OF DEATH Month July Day 17 Year 1958
5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb 26 1885
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 5 Days 21 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Christian Ryser
13b. MOTHER'S MAIDEN NAME Emily Schnell
14. NAME OF HUSBAND OR WIFE Victoria Ryser.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 489-18-3199
17. INFORMANT Victoria Ryser Address St Clair MO

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 Hrs —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) General Arteriosclerosis — 2 Years —
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 ☑

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 July 17-58, to 7-17-58 and last saw ~~her~~ him alive on 7-17-1958
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr W. E. Kitchell M.D.
22b. ADDRESS St. Clair Mo
22c. DATE SIGNED 7-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 19, 1958
23c. NAME OF CEMETERY OR CREMATORY Union Cemetery
23d. LOCATION (City, town, or county) (State) Union, Mo.

24. FUNERAL DIRECTOR ADDRESS Sherman W. Kitchell St Clair Mo
25. DATE RECD. BY LOCAL REG. 7/18/58
26. REGISTRAR'S SIGNATURE Floyd [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Sherwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St Clair, Mich

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.