

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009041

FILED MAR 30 1959

Registration District No. 128 Primary Registration District No. 2000 STATE FILE NUMBER Registrar's No. 302

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Willard <u>0390</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RAMON Middle BRYANT Last CYPHER			4. DATE OF DEATH Month March Day 20 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9 October 1910	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Truck Driver	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David E. Cypher	13b. MOTHER'S MAIDEN NAME Bryant	14. NAME OF HUSBAND OR WIFE E. Lucille Cypher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address E. Lucille Cypher Willard, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of kidney metastatic to brain, lungs		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Von-Hippel Lindau's disease DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 7:32 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Missouri	COUNTY Greene	STATE Missouri
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21. I attended the deceased from 10-24-58 to 3/20/59 and last saw him ^{her} alive on 3-20-59 Death occurred at 7:32 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Leif R. Quinn MD (Degree or title)	22b. ADDRESS 609 Cherry Springfield, Missouri	22c. DATE SIGNED 3-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/23/59	23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Greene County, Missouri
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24. FUNERAL DIRECTOR ADDRESS J.W. KLINGNER & CO. SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 3-24-59	26. REGISTRAR'S SIGNATURE Effie B. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Max Rhodes*

Licensed Embalmer No. *407*
P. O. Address: *Spring*

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.