

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039048

FILED VS NOV 9 1960

Registration District No. 2/5 Primary Registration District No. 5783 Registrar's No. 55

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lake Ozark</u>		Length of stay in 1b <u>Years</u>		c. CITY OR TOWN <u>Lake Ozark</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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Westley</u> Last <u>Ryan</u>				4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 29, 1910</u>		
9. AGE (last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Arrowhead Yacht Club</u>		11. BIRTHPLACE (City and state or country) <u>Pattonburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Edgar Roy Ryan</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Jane Swearingin</u>			14. NAME OF HUSBAND OR WIFE <u>Marva Martha Ryan</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.		17. INFORMANT <u>Marva Martha Ryan</u> Address <u>Lake Ozark, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 COUNTY STATE		
21. I attended the deceased from <u>May 2, 1955</u> to <u>Oct. 29, 1960</u> and last saw <u>him</u> alive on <u>Oct. 28, 1960</u> Death occurred at <u>1:20</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Robert E. Mason D.O.</u>				22b. ADDRESS <u>Lake Ozark Mo</u>		22c. DATE SIGNED <u>10/30/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-1-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Carterville</u>		23d. LOCATION (City, town, or county) (State) <u>Carterville, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Phillips Funeral Home, Eldon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct. 31-1960</u>		26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dr. J. E. Mason

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Don E. Phellips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.