

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. Registrar's No. 57 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene b. CITY OR TOWN RURAL 1ST FRANKLIN Length of stay in 1b c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2 Fair Grove, Mo. Inside Limits Yes No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Fair Grove, Mo. Inside Limits Yes No X d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes No X

3. NAME OF DECEASED First Middle Last GERALD E. RYAN 4. DATE OF DEATH Month Day Year January 9, 1962 5. SEX Male 6. COLOR OR RACE White 7. Marital Status Widowed 8. DATE OF BIRTH Sept. 3, 1912 9. AGE (last birthday) 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.F.A. Milling Co/ 10b. KIND OF BUSINESS OR INDUSTRY Milling Co. 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME F.O. Ryan 13b. MOTHER'S MAIDEN NAME May Stafford 14. NAME OF HUSBAND OR WIFE Mrs. Captola Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates) No. 16. SOCIAL SECURITY NO. No. 17. INFORMANT NIFE Mrs. Captola Ryan Rt. 2 Fair Grove, Mo. Address

18. CAUSE OF DEATH (Enter only one cause... PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion immediate (b) Arterio Sclerosis 3 years. (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. Yes No Unknown

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 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 8-4-58 to 1-9-1962 and last saw him alive on 1-3-62 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) 22b. ADDRESS 1715 BOONVILLE SPRINGFIELD, MO. 22c. DATE SIGNED 1-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-13-62 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY Spfld. Mo. 25. DATE RECD. BY LOCAL REG. 1-11-62 26. REGISTRAR'S SIGNATURE Effie S. Melton

AMENDED DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

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

Mark Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.