

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034299

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 205

FILED OCT 8 1962

VS 300  
Rev. 4/59

0365  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>Franklin</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Washington</b>		a. STATE <b>Mo</b>		b. COUNTY <b>Franklin</b>		
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Francis</b>		Length of stay in lb <b>2 wks</b>		c. CITY OR TOWN <b>Pacific</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS <b>St. Francis</b>		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 type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX		
First Middle Last <b>William Joseph Ryan</b>			Month Day Year <b>Sept. 30 1962</b>			<b>M.</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 1889</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Feed + hauling</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and state or country) <b>Pacific, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Patrick Ryan</b>			13b. MOTHER'S MAIDEN NAME <b>Agnes Gerhart</b>			14. NAME OF HUSBAND OR WIFE <b>Marie Ryan</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>not known</b>		17. INFORMANT <b>Marie Ryan Pacific, Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Acute cardiac decompensation</b>								
DUE TO (b) <b>arteriosclerotic myocarditis with</b>								
DUE TO (c) <b>acute coronary infarction.</b>								
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 <b>September 15</b> , to <b>September 30</b> and last saw him alive on <b>September 30, 1962</b> Death occurred at <b>1 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>[Signature]</b>				22b. ADDRESS <b>Washington, Missouri</b>		22c. DATE SIGNED <b>10/3/62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Oct 3, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Bridget's</b>		23d. LOCATION (City, town, or county) (State) <b>Pacific Mo.</b>		
24. FUNERAL DIRECTOR <b>Mrs. John L. Heiber Pacific, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>10/4/62</b>		26. REGISTRAR'S SIGNATURE <b>Lula C. Hudson</b>			

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

OCT 9 1962  
DEC 7 1962

**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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.