

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035212

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 165

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

<p>FILED SEP 17 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY Jasper</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Jasper</p> <p>c. CITY OR TOWN Webb City</p> <p>d. STREET ADDRESS (If outside, give location) 1412 W. Seventh St.</p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p>First Robert Middle Lee Last Ryburn</p>		<p>4. DATE OF DEATH</p> <p>Month September Day 13 Year 1962</p>	
<p>5. SEX M</p>	<p>6. COLOR OR RACE W</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 2/9/1878</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner</p>		<p>11. BIRTHPLACE (City and state or country) Hickory Grove, Ky.</p>	
<p>13a. FATHER'S NAME No Data</p>		<p>14. NAME OF HUSBAND OR WIFE Mrs. Sally Sue Ryburn</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO</p>		<p>17. INFORMANT Address Mrs. Sally Sue Ryburn, Webb City, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Terminal Pulmonary Edema</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis</p> <p>DUE TO (c) Coronary Atherosclerosis</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abdominal Ascites</p>			<p>INTERVAL BETWEEN ONSET AND DEATH 4 days</p> <p>Unknown</p> <p>Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY</p> <p>Hour _____ a.m. _____ p.m.</p> <p>Month, Day, Year _____</p>		<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>21. I attended the deceased from 8-4-62 to Sept 12/62 and last saw her/him alive on Sept. 12/62</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE Wm. H. Lewis (Degree or title)</p>		<p>22b. ADDRESS 924 W. Dougherty, W.C.</p>	
<p>22c. DATE SIGNED 9-14-62</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 9/15/1962</p>	
<p>23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) Webb City, Missouri</p>	
<p>24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. 9-15-62</p>	
<p>26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer</p>			

SEP 18 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 Richard Gray Lewis

Licensed Embalmer No. 4485

P. O. Address Webb City, 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.