

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038762

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 351

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10017
2 0610
3
4 0
5 1
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7 0
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9 1/201
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11
12 2-2
13 15

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 4 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Adair</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Malon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.O.H. Hospital</u>	c. CITY OR TOWN <u>Malon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <u>905 N. Rollins</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>Myron Ellis Ryther</u>	
4. DATE OF DEATH	Month Day Year
<u>Oct 28, 1963</u>	
5. SEX	6. COLOR OR RACE
<u>Male</u>	<u>White</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>June 9, 1906</u>
9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
<u>57</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
<u>Retail Merchant</u>	<u>Clothing</u>
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>Malon County</u>	<u>U.S.A.</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
<u>Myron Ryther</u>	<u>Madie Walker</u>
14. NAME OF HUSBAND OR WIFE	
<u>Nadine Ryther</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
<u>No.</u>	
17. INFORMANT	Address
<u>Nadine Ryther</u>	<u>Malon, 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>Pulmonary embolism</u>	
DUE TO (b) <u>Myocardial infarction</u>	
DUE TO (c) <u>Coronary thrombosis</u>	
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 type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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>10-28-63</u> to <u>10-28-63</u> and last saw him alive on <u>10-28-63</u>	
Death occurred at <u>12:00 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>David W. Boone DO</u>	<u>Rt 4 Kirksville Mo.</u>
22c. DATE SIGNED	
<u>10-30-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>Burial</u>	<u>Oct 31, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Oakwood Cem.</u>	<u>Malon, Mo.</u>
24. GENERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
<u>Lester Hutton Malon, Mo.</u>	<u>Oct 30, 1963</u>
26. REGISTRAR'S SIGNATURE	
<u>Dora W. Ratliff</u>	

Permit issued Oct. 28, 1963

DAVID W. BOWNE, D.O.

NOV 8 1963

*Permit on a person
who is not a
licensed embalmer*

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 Charles L. Hutton

Licensed Embalmer No. 4597

P. O. Address Macon, 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.

5-2100