

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1926
State File No.

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>	
c. LENGTH OF STAY (In this place) <u>55</u>		d. STREET ADDRESS (If rural, give location) <u>So. Martin Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So. Martin Avenue</u>			

3. NAME OF DECEASED (Type or Print) <u>MARTHA ANN RYKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1949</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 31 1865</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>83 7 15</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Troy, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
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13a. FATHER'S NAME <u>Wm. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Masterson</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew G. Ryker</u>	
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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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Waywood</u>		ADDRESS <u>East Prairie</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardium disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial Hypertension</u> DUE TO (c) <u>Infirmities of age</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ad</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>117"</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 14, 1949, to Jan, 1949, that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. J. Martin, M.D.</u>		23b. ADDRESS <u>East Prairie Mo</u>		23c. DATE SIGNED <u>1-24-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-8-49</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby</u>		ADDRESS <u>East Prairie, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 219-242

Date Filed 2-10-49

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.

Signed

Travis Shelby

Signed.....

Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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 this body is not embalmed, fact should be so stated above.