

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

40533

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 63

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayland Township</u>		c. LENGTH OF STAY (In this place) <u>60 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayland Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clifton Hill; R.F.D.</u>			d. STREET ADDRESS (If rural, give location) <u>Clifton Hill; R.F.D.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u>		b. (Middle) <u>Rachel</u>		c. (Last) <u>Ryals</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1949</u>	
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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>4-17-1863</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Clifton Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Slagle</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Isan L. Ryals</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl H. Ryals; Clifton Hill, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic PNEUMONIA</u>					<u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>CANCER THYROID GLAND</u>					<u>?</u>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					<u>194X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)			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 AUG 14, 1946, to NOV 22, 1949, that I last saw the deceased alive on NOV 22, 1949, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Noel Rains M.D.</u>		23b. ADDRESS <u>Clifton Hill, Mo</u>		23c. DATE SIGNED <u>11-23-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-24-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-25/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom [Signature] Huntswelle</u>	
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MD

RECEIVED

DEC 10

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-20-49

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.

Student .....  
Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.