

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33067

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 13

1. PLACE OF DEATH

a. COUNTY Crawford

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon Boone

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Crawford

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon, Boone 0280

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) Alva b. (Middle) C. c. (Last) Ryerson

4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Dec. 30, 1861 9. AGE (In years last birthday) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Faemer

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas 13b. MOTHER'S MAIDEN NAME Sarah Souders 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Fannie West Cuba, Mo. ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) / DUE TO (c) /

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4222

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1950, to Oct. 30, 1950, that I last saw the deceased alive on Oct. 27, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. F. Drury MD (Degree or title) 23b. ADDRESS Bourbon Mo 23c. DATE SIGNED 10-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1) 24b. DATE Nov. 1, 1950 24c. NAME OF CEMETERY OR CREMATORY Oak Hill 24d. LOCATION (City, town, or county) (State) Crawford Co. Mo.

DATE REC'D BY LOCAL REG. Oct. 31, 1950 REGISTRAR'S SIGNATURE Ed Long 75 25. FUNERAL DIRECTOR'S SIGNATURE Albert Long ADDRESS Bourbon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV -1 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elbert Long

Signed _____
Student Embalmer

Licensed Embalmer No. *3504*

P. O. Address *Bonbon Ma*

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.