

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D2 Suttler

State File No. 37669

580

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4298 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) EDWARD c. (Last) RYAN

4. DATE OF DEATH (Month) (Day) (Year) Nov-6-1950

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct-19-1864 9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) 86 0 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Newcastle Penn 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Michael Ryan 13b. MOTHER'S MAIDEN NAME Mary Freeze 14. NAME OF HUSBAND OR WIFE Bertie Ryan

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 Bertie Ryan ADDRESS Linn Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

18. CAUSE OF DEATH MEDICAL CERTIFICATION

I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Yenmia

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. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 4570

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 Nov. 4, 1950, to Nov. 6, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. R. Suttler 23b. ADDRESS D. O. Suttler - Linn - Mo. 23c. DATE SIGNED Nov 9 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE Nov-10-50 24c. NAME OF CEMETERY OR CREMATORY. Rose Hill Cem 24d. LOCATION (City, town, or county) (State) Bookfield Mo

DATE REC'D BY LOCAL REG. Nov 11 - 1950 REGISTRAR'S SIGNATURE Mrs Biddie Kelley 25. FUNERAL DIRECTOR'S SIGNATURE Will Funeral Home ADDRESS Bookfield Mo

(Licensed Emballer's Statement on Reverse Side)

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

Date Received: **NOV 13 1950**
DISTRICT HEALTH OFFICE #2
District File Number // -50
Date Filed: **NOV 14 1950**

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

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.