

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42127

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 1136

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural - 24 Hwy		d. STREET ADDRESS (If rural, give location) 24 Hwy, Rural 3 miles East	

3. NAME OF DECEASED a. (First) John b. (Middle) John c. (Last) Ryland			4. DATE OF DEATH (Month) (Day) (Year) November 30 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 22, 1888	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months 8	11. UNDER 1 HR. Hours 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Young E. Hicklin	13b. MOTHER'S MAIDEN NAME Eliza Plummer	14. NAME OF HUSBAND OR WIFE Alma Davis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Alma Hicklin	ADDRESS Lexington, Missouri
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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, asthma, etc. - It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Aneurysm		INTERVAL BETWEEN ONSET AND DEATH 14 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinson's Disease		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 350X	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 30 Nov 1951, to Dec 19, 1951, that I last saw the deceased alive on 30 Nov, 1951, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Ryland	23b. ADDRESS Lexington Mo	23c. DATE SIGNED 12-31-51
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE December 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Machpelah	24d. LOCATION (City, town, or county) (State) Lexington, Missouri
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DATE REC'D BY LOCAL REG. 12-31-51	REGISTRAR'S SIGNATURE	15. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 8 1952

DISTRICT HEALTH OFFICE No. 3

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

Date Filed JAN 8 1952

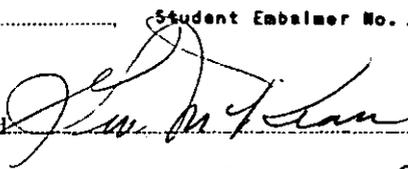
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

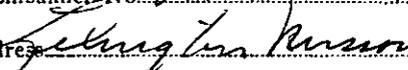
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 2983

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.