

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31021

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Donald Springs</u>		c. CITY OR TOWN <u>Donald Springs</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>320 West Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 West Hamilton</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALFRED</u>	b. (Middle) <u>Wiley</u>	c. (Last) <u>Ryan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-23-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 7 1881</u>	9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MIN. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Ryan</u>	13b. MOTHER'S MAIDEN NAME <u>Delia Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Ryan - Donald Springs</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>13 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	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.			

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) <u>4222</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 18 August 1951, to 23 Sept, 1952, that I last saw the deceased alive on 23 Sept, 1952, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John Hill</u>	(Degree or title)	23b. ADDRESS <u>Donald Springs, Mo.</u>	23c. DATE SIGNED <u>23 Sept 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapelwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Donald Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>SEPT. 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Geo. H. Ryan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers of Donald Springs</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address 9 Dirado Ferry

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.