

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4821

State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>13 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>211 S 6th St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>TH</u> c. (Last) <u>Ryan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 21 1896</u>
9. AGE (In years last birthday) <u>56</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Disabled Vet World War #1</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Millwood Lincoln Co Mo</u>
13a. FATHER'S NAME <u>P. W. Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hoey</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Cleopatra Ryan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cleopatra Ryan</u> ADDRESS <u>Columbia</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of Myocardium</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Oct. 15, 1951</u> , to <u>Feb. 22, 1953</u> , that I last saw the deceased alive on <u>Feb. 22, 1953</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles M. Lanke, M.D.</u>		23b. ADDRESS <u>Columbia, Missouri</u>	23c. DATE SIGNED <u>2-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 25 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
DATE REC'D BY LOCAL REG <u>Feb 23 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmox</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Willetts Funeral Home</u> <u>Columbia Mo.</u>	

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

0105

MAR 6 1953

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, ~~emb~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lynnan H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.