

FILED FEB 17 1953

STANDARD CERTIFICATE OF DEATH

State File No. 4244 Registrar's No. 22334

BIRTH NO. 22318 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244

490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN 428 N. Fountain		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville, Mo.	
c. LENGTH OF STAY (in this place) 9 Months		d. STREET ADDRESS (If rural, give location) 428 N. Fountain	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cartersville, MO.			

3. NAME OF DECEASED (Type or Print)	a. (First) Catherine	b. (Middle) Jane	c. (Last) Ryan	4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 12 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Webb City Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Victor Rvan	13b. MOTHER'S MAIDEN NAME Emma Jane Allen	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Victor Rvan	ADDRESS Cartersville, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute tracheo bronchitis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Acute upper respiratory infection 1 wk		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			525 X

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) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from (Mid, noon, not end), 19, that I last saw the deceased alive on, 19, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wesley M. Gorman, M.D., Surgeon</i>	23b. ADDRESS <i>Green Hill, Mo.</i>	23c. DATE SIGNED 2-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-10-53	24c. NAME OF CEMETERY OR CREMATORY Cartersville Cemetery	24d. LOCATION (City, town, or county) (State) Cartersville, Mo.
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DATE REC'D BY LOCAL REG. 2-11-53	REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnee Simpson Mortuary	ADDRESS Webb City, Mo.
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RECEIVED 2-16-53  
Jasper County Health Office

County File Number 53/2/153

Date Filed 2-16-53

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.