

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10915

State File No.

FILED APR 14 1953

 BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <p align="center">Phelps</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Phelps</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rolla</p>		c. LENGTH OF STAY (in this place) <p align="center">5 weeks</p>		c. CITY OR TOWN <p align="center">Rural-Miller twp.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Phelps County Mem. Hospital</p>		e. STREET ADDRESS (If rural, give location) <p align="center">Route 2 Rolla</p>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">JOSEPHINE</p>			b. (Middle) <p align="center">L.</p>		
c. (Last) <p align="center">RYNO</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">April 4, 1953</p>		
5. SEX <p align="center">Female</p>		6. COLOR OR RACE <p align="center">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>	
8. DATE OF BIRTH <p align="center">June 11, 1886</p>		9. AGE (In years last birthday) <p align="center">66</p>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Own home</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Dept. County, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.</p>		13a. FATHER'S NAME <p align="center">Bloomer Reed</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Margaret Clark</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">Fred Ryno</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Fred Ryno</p>		ADDRESS <p align="center">Rt. 2 Rolla</p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malignancy of Gall Bladder</u> INTERVAL BETWEEN ONSET AND DEATH <p align="center">3 mo.</p>			
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 <u>arteriosclerotic heart disease</u> 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"/>	
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) <p align="center">155X</p>	
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>past 20 1/2 years</u> , 19____, that I last saw the deceased alive on <u>4-4</u> , 1953, and that death occurred at <u>8:30A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p align="center">E. E. Ferrel M.D.</p>		(Degree or title)		23b. ADDRESS <p align="center">Rolla mo.</p>	
23c. DATE SIGNED <p align="center">4-6-53</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">April 6, 1953</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">Ozark Memorial Gardens</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Rolla, Mo.</p>		DATE REC'D BY LOCAL REG. <p align="center">Apr. 7, 1953</p>	
REGISTRAR'S SIGNATURE <p align="center">Nadine L. Stoll</p>		380		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Paul E. Null</p>	
ADDRESS <p align="center">Rolla, Mo.</p>		(Licensed Embalmer's Statement on Reverse Side)			

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

08120

Date Filed 4-13-23

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.....
Signature of Student Embalmer

Signed..... Paul E. Nutt

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.