

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22341

State File No. ....

ED JUN 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 6289 Registrar's No. 19

0730

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

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>	
c. LENGTH OF STAY (If in institution) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BILLY</u>	b. (Middle) <u>JOE</u>	c. (Last) <u>RYAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1953</u>
--	----------------------------	---------------------------	--------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov. 14, 1936</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	11. IF UNDER 18 Hrs. Hours <u>0</u> Min. <u>0</u>
-----------------------	----------------------------------	---	--	---------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Couch, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>Harold Ryan</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Harper</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
--	--	--

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. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Ryan</u>	ADDRESS <u>Couch, Mo.</u>
---	--------------------------------------	---	------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning-accidental</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Body found in pond on John Baker's farm, 3 miles north of Couch, Mo.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>9291</u> <u>22</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>073</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT CAUSE (Specify) <u>HOMICIDE Accident</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:45p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lee (Doc) Mark Caran</u>	Degree or title	23b. ADDRESS <u>Mo.</u>	23c. DATE SIGNED <u>6-10-53</u>
---	-----------------	----------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery Couch,</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 10, 1953</u>	REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deland Carter</u>	ADDRESS <u>Shawnee</u>
--	--	--	---------------------------

**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 *Edward Curtis*

Licensed Embalmer No. 4511

P. O. Address *Hayward*

**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.