FILED: DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38915

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mask Rest Home-703W. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer
d. STREET ADDRESS (If rural, give location): 6750 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): EMANUEL
b. (Middle): SYLVESTER
c. (Last): RYAN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 23, 1874

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 6, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Ontario, Canada 2

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John D. Ryan

13b. MOTHER'S MAIDEN NAME: Henrietta Walton

14. NAME OF HUSBAND OR WIFE: Lena Goode Ryan

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.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. George Powell — ADDRESS: Thayer, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac Dropsy
DUE TO (c): Chronic Glomerulo Nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 592 X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 13, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 14, 1953, *and that death occurred at* 5:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Richard A. Smith D.O.

23b. ADDRESS: 913 W. Main, West Plains, Mo.

23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/17/53

24c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery

24d. LOCATION (City, town, or county) (State): Thayer, Mo.

DATE REC'D BY LOCAL REG.: 12-9-53

REGISTRAR'S SIGNATURE: Beatrice Cook 379-0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Leland Carter Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4516

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.