

FILED JAN 18 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 989

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give town) SPRINGFIELD	c. LENGTH OF STAY (in this place) township)	c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		e. STREET ADDRESS (If rural, give location) 2629 N. CAMPBELL 0396	

3. NAME OF DECEASED (Type or Print) JAMES	a. (First)	b. (Middle) HENRY	c. (Last) RYAN	4. DATE OF DEATH JAN. 8, 1954	(Month)	(Day)	(Year)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST		10b. KIND OF BUSINESS OR INDUSTRY DRUG		11. BIRTHPLACE (City and State or Foreign Country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME WILLIAM R. RYAN	13b. MOTHER'S MAIDEN NAME W. ELIZABETH JOHNSON	14. NAME OF HUSBAND OR WIFE, RUTH 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.	17. INFORMANT'S SIGNATURE OR NAME RUTH RYAN, 2629 N. CAMPBELL

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decompensation, acute</i>	DUE TO (b) <i>degenerative myocardial disease</i>		?
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <i>Coronary insufficiency</i>		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 8, 1954 to Jan 8, 1954, that I last saw the deceased alive on 1/8, 1954, and that death occurred at 9:30p m., from the causes and on the date stated above.

23a. SIGNATURE <i>Sheelhauser MD</i>	(Degree or title)	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 1-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/11/54	24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
DATE REC'D BY LOCAL REG. 1-12-54	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN H. LOHMEYER, SPRINGFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Lucien T. Swadlow

Licensed Embalmer No. 457

P. O. Address Spring

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.