

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1896

State File No.

No. 300
10.48

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4372 Registrar's No. 7

6540
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1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dover</u> <u>0540</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3 mile east on 24 Highway</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lee</u>	b. (Middle) <u>Grand</u>	c. (Last) <u>Ryland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 17, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25, 1868</u>	9. AGE (In years last birthday) if UNDER 1 YEAR: <u>85</u> Months: <u>7</u> Days: <u>22</u> if UNDER 24 HRS. Hours: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cattle Buyer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Simeon B. Ryland</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Buford</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Herr</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ernest Corbin, Dover, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>7-1-52</u> <u>1-17-54</u> <u>7-1-52</u> <u>1-17-54</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion acute</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>chronic myocarditis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/1 1952, to 1/17 1954, that I last saw the deceased alive on 1/17 1954, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo A Kelling MD</u>	23b. ADDRESS	23c. DATE SIGNED <u>1-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>January 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 23-1954</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home, Lexington, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE 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 *L. M. Deane*

Licensed Embalmer No. 2983

P. O. Address Leungton, Miss.

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.