

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2068

FILED FEB 15 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 35 State File No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived, if Institution; residence before adjustment) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1208 Fulton</b>		d. STREET ADDRESS (If rural, give location) <b>607a Sycamore St.,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Julia</b>	b. (Middle)	c. (Last) <b>Ryan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-5-54</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11/13/1865</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>2</b> Days	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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Rolls County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Gibson</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>James Ryan</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mabel McKey, 1208 Fulton</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <b>Hannibal, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 hr</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>	DUE TO (b) <b>Cerebral hemorrhage</b>		<b>2 days</b>
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
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	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) m.	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 **2-3**, 19**54**, to **2-5**, 19**54**, that I last saw the deceased alive on **2-4**, 19**54**, and that death occurred at **4:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Glenn R. Miller, D.O.</b>	23b. ADDRESS <b>115 S. S. Hannibal, Mo.</b>	23c. DATE SIGNED <b>2-9-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-9-54</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke, By W.P. Fisher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.M. O'Donnell</b>	ADDRESS <b>Hannibal Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 12 1904

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

FEB 12 1904

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

J. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address

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