

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31367

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wardell		c. CITY OR TOWN Wardell	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) Rural Route 1 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) Gilbert		b. (Middle) Ryans	
c. (Last) Ryans		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH Oct. 14, 1935
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	11. BIRTHPLACE (City and State or Foreign Country) Wardell, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Ryans		13b. MOTHER'S MAIDEN NAME Fronie Freeman	
13c. NAME OF HUSBAND OR WIFE Never Married			
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. X	
17. INFORMANT'S SIGNATURE OR NAME Fronie Ryans		ADDRESS Wardell, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c) Renal colic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 week 2 yrs			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 <u>11-6</u> , 19 <u>52</u> , to <u>9-24</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>57</u> , and that death occurred at <u>8:00 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C.D. Kaiser		23b. ADDRESS M.D.O Hayti, Missouri	23c. DATE SIGNED 9-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-26-54	24c. NAME OF CEMETERY OR CREMATORY Memorial	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
DATE REC'D BY LOCAL REG. 10-1-54	REGISTRAR'S SIGNATURE John H. Gorman 406-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

10-223-54

OCT 11 1954

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *James A. Johnson*.....
Licensed Embalmer No. 418

P. O. Address..... Wardell,

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.