

STANDARD CERTIFICATE OF DEATH

State File No. **31485**

FILED SEP 20 1954

BIRTH NO.		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>6003</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Ralls County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>U.S. 61 So. of New London</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>731 Hazel St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ethel</u>		c. (Last) <u>Ryan</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>29</u>		(Year) <u>54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>8/25/1931</u>		9. AGE (In years last birthday) <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Carl Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Bown</u>		14. NAME OF HUSBAND OR WIFE <u>- - -</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Ryan, 731 Hazel St.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Hannibal</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>As the result of an automobile accident in which a chrysler automobile driven by Berly B. Lacy Jr traveling in the left hand lane of traffic attempting to pass an automobile, collided with a chevrolet automobile driven by Jacob Griffin Rule.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, golf bldg., etc.) <u>Highway #61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>08</u> (STATE) <u>Mo</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-29-54 6:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
22. I hereby certify that I attended the deceased from <u>No Medical Attention</u> , 19 <u>54</u> , that I last saw the deceased alive on <u> </u> , 19 <u>54</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clayton A. Wickham</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Ralls Co., Perry, Mo.</u>		23c. DATE SIGNED <u>8-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park Hannibal Ralls, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Sept 8</u>		REGISTRAR'S SIGNATURE <u>Harold Gann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. McDonald</u>		ADDRESS <u>Hannibal Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1955

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.