

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11005**

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **10**

1. PLACE OF DEATH
a. COUNTY **Boone**
b. CITY (If outside corporate limits, write RURAL and give township) **Centralia**
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Boone**
c. CITY OR TOWN **Centralia**
d. Is Residence within limits of a city as incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **109 North Jenkins**

3. NAME OF DECEASED (Type or Print)
a. (First) **Emma** b. (Middle) **Dora** c. (Last) **Ryman** 4. DATE OF DEATH (Month) (Day) (Year) **April 17 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Aug. 5, 1881** 9. AGE (In years last birthday) **73** IF UNDER 1 YEAR Months **8** Days **12** IF UNDER 24 Hrs. Hours **12** Min. **0**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **—** 11. BIRTHPLACE (City and State or Foreign Country) **Boone County** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jesse Smith** 13b. MOTHER'S MAIDEN NAME **Mary Palmer** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME **Gravelle Ryan Mateo** ADDRESS **Gravelle Ryan Mateo, Calif.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Drowning** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **immediate**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) _____
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 **E975X** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Centralia Boone Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **4 17 55 ? m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Jumped into cistern**

22. I hereby certify that I attended the deceased from **4/17**, 19**55**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **? p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry H. Sweet Jr. M.D. Corner 3** 23b. ADDRESS **Columbia Mo** 23c. DATE SIGNED **4/21/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 21-1955** 24c. NAME OF CEMETERY OR CREMATORY **City of Centralia** 24d. LOCATION (City, town, or county) (State) **Centralia, Mo**

DATE REC'D BY LOCAL REG. **April 23-1955** REGISTRAR'S SIGNATURE **Maud M. Bride** 30-9 25. FUNERAL DIRECTOR'S SIGNATURE **Bill G. Meador** ADDRESS **Centralia, Missouri**

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 16 1957

APR 26 1975

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 *Bill J. Meadows*.....

Licensed Embalmer No. *487*.....

P. O. Address *Centralia, Ill.*.....

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.