

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21849

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 640

1. PLACE OF DEATH  
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**

c. LENGTH OF STAY (in this place) **9 Days**

c. CITY OR TOWN **Rural**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Burge Hospital**

e. STREET ADDRESS (If rural, give location) **Springfield RFD#5 0390**

3. NAME OF DECEASED (Type or Print)  
a. (First) **ROBERT** b. (Middle) **W.** c. (Last) **RYAN**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 26, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **28 Sept. 1889**

9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and State or Foreign Country) **Greene County, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jerome Ryan**

13b. MOTHER'S MAIDEN NAME **Rebecca Hall**

14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No**

16. SOCIAL SECURITY NO. **No**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Hospital Records**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **BRONCHOPNEUMONIA**  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **491X**  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **PARALYSIS AGITANS**

INTERVAL BETWEEN ONSET, AND DEATH **9 days**  
  
**2 yrs.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 1953, to **July**, 1955, that I last saw the deceased alive on **July 26, 1955**, and that death occurred at **9:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edlean Cunningham, M.D.**

23b. ADDRESS **1715 Boonville Springfield, Missouri**

23c. DATE SIGNED **7-29-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7-29-55**

24c. NAME OF CEMETERY OR CREMATORY **Robberson Prairie**

24d. LOCATION (City, town, or county) (State) **Greene County, Missouri**

DATE REC'D BY LOCAL REG. **7-30-55**

REGISTRAR'S SIGNATURE **Edith Williamson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J.W. Klingner & Co. Springfield, Mo.**

(Licensed Embalmer 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.....  
Signature of Student Embalmer

Signed.....  
*Oglesborne J. O.*

Licensed Embalmer No. *417*

P. O. Address *Springfield*

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.