

FILED FEB 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1074

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 7000 Registrar's No. 9-B

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Aurora	
c. LENGTH OF STAY (in this place) 1 Week		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital		e. STREET ADDRESS (If rural, give location) East Highway 60	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CECIL	c. (Last) RYAN	4. DATE OF DEATH (Month) (Day) (Year) January 2, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16, 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 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) Owner-Operator	10b. KIND OF BUSINESS OR INDUSTRY Filling Station Retail Gas & Oil	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Ryan	13b. MOTHER'S MAIDEN NAME (unknown) McCormick	14. NAME OF HUSBAND OR WIFE Ethel Ryan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. Yes	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Ryan, Aurora, Missouri	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelopathy due to		about 2 mo
ANTECEDENT CAUSES		DUE TO (b) Vertebral artery thrombosis	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		acute glomerulonephritis	
Conditions contributing to the death but not related to the disease or condition causing death.		unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 357X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **12-26, 1955**, to **1-2, 1956**, that I last saw the deceased alive on **1-2, 1956**, and that death occurred at **9:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Worford B. Shuman MD	(Degree or Title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 2-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 2, 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Aurora, Missouri
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DATE REC'D BY LOCAL REG. 2-10-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Windle	ADDRESS Springfield, Mo.
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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 *Robert E. Muehlen*

Licensed Embalmer No. *491*

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.