

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4295

BIRTH NO. _____		REG. DIST. NO. 106		PRIMARY REG. DIST. NO. 3420		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb		c. LENGTH OF STAY (In this place) 70 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb		d. STREET ADDRESS (If rural, give location) 0 350 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				4. DATE OF DEATH (Month) (Day) (Year) 2 8 1956			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Madison		c. (Last) Ryall			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-9-1885	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 11 Days 29		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 None		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Widowed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Opal Williams Holcomb, Missouri			
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) Cardio Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
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) Holcomb, Dunklin, MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 June , 19 15 , to Feb-8 , 19 56 , that I last saw the deceased alive on 2/7 , 19 56 , and that death occurred at 6 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John E. Cochran				23b. ADDRESS Holcomb		23c. DATE SIGNED 2/8/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-11-1956		24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.	
DATE REC'D BY LOCAL REG. 2-18-56		REGISTRAR'S SIGNATURE J. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell Pappert, Ark			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-21-56

COUNTY FILE NUMBER 256-4

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

Lloyd Russell

Licensed Embalmer No. 509-716

P. O. Address Piggott Ark

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.