

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15199

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL (CAMBRIDGE)</u> c. LENGTH OF STAY (In this place) <u>1 hr.</u>		c. CITY OR TOWN <u>SLATER</u> d. Is 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 <u>1/2 MILE WEST OF SLATER MO</u>		f. STREET ADDRESS (If rural, give location) <u>PARK PLACE 0911/2</u>	

3. NAME OF DECEASED a. (First) <u>PHILIP</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>RYAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEPT. 6 1891</u>		9. AGE (In years last birthday) <u>64</u>		If UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FAAM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR MARSHALL MO.</u>	
13a. FATHER'S NAME <u>PHILIP RYAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SCANLAN</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased CARRIE ALICE RYAN</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-42-9361</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARION RYAN</u> ADDRESS <u>SLATER, MO.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tractor Accident.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Tractor turned over</u>			
				DUE TO (c) <u>Also broken neck.</u>			
		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 <u>9/21 3</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident. Farm</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Cambridge</u> (COUNTY) <u>Saline</u> (STATE) <u>Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 13-56 11:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over crushed</u>	
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22. I hereby certify that I attended the deceased from an investigation 4-13-56 and that I last saw the deceased alive on 11-2-56, 1956, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Lawless M.D. Former School Marshall Mo.</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>4-13-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SLATER</u>	
24d. LOCATION (City, town, or county) <u>SLATER</u>		24e. (State) <u>MO.</u>			

DATE REC'D BY LOCAL REG. <u>4/16/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Carl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Haines</u> ADDRESS <u>Slater, Mo.</u>	
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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 *Walter J. Haines*

Licensed Embalmer No. *45*

P. O. Address *Slater*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.