FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36109
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9759

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 4 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MOPAC HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Vernon
c. CITY OR TOWN Nevada Mo — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 623 North Washington (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Joseph Middle John Last Ronan
4. DATE OF DEATH: Month 10 Day 25 Year 56
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 4-19-1893
9. AGE (In years last birthday) 63 — 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) Loco. Engineer
10b. KIND OF BUSINESS OR INDUSTRY Loco. engineer
11. BIRTHPLACE (City and state or country) Marceline, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Timothy Ronan
14. MOTHER'S MAIDEN NAME Anna Ryan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 1
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Ermine Ronan, 623 N. Washington, Ave. Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hardened arteries
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 10-15-56 to 10-24-56 and last saw him alive on 10-23-56
Death occurred at 2-10 a m. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [illegible] MD
22b. ADDRESS [illegible]
22c. DATE SIGNED 10-25-

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-25-56
23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
23d. LOCATION (City, town, or county) (State) Joplin, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,
25. DATE RECD. BY LOCAL REG. OCT 25 1956
26. REGISTRAR'S SIGNATURE Pearl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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