

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2295

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 1		c. CITY OR TOWN Nowburg		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.				STREET ADDRESS (If rural, give location) RFD 2, 0510			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) JOSEPH		c. (Last) RYAN		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1957	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 2, 1900	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Service station		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Patrick Ryan		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eleanor Ryan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eleanor Ryan Rt. 2, Newburg, Mo.			
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) Aspiration of huge amt. of coffee ground vomitus ANTECEDENT CAUSES DUE TO (b) Ruptured viscera DUE TO (c) Probable mesenteric thrombosis & ruptured appendix 578x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 minutes 20 hours	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION Died while being anesthetized - No surgery					
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)	
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?			
22. I hereby certify that I attended the deceased from Jan 18, 1957 to Jan 18, 1957, that I last saw the deceased alive on Jan 18, 1957, and that death occurred at 12:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard E. Myers D.D.				23b. ADDRESS Newburg Mo.		23c. DATE SIGNED Jan 19, 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-20-1957		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Chicago, Ill.	
DATE REC'D BY LOCAL REG. Jan. 21, 1957		REGISTRAR'S SIGNATURE Dadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl D. Blum 1100 Elm, Rolla, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

800

RECEIVED

Phelps County Health Officer,

County File Number 629

Date Filed 1-28-57

JAN 29 1957

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Polla, Mo.

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.