THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25101

FILED JUL 30 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 419 N. Tom St. — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City 2497 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 419 N. Tom St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Ethel; Middle Elizabeth; Last Ryan

4. DATE OF DEATH: Month July, Day 20, Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: Aug. 9, 1893

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Marriage

11. BIRTHPLACE (City and state or country): Webb City, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Yeager

14. MOTHER'S MAIDEN NAME: No data

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 500-05-7754

17. INFORMANT: Alice M. Williams — Address: Webb City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrage — INTERVAL BETWEEN ONSET AND DEATH: Five days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — Indeterminate

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 6-7-57, to 7-19-57 and last saw alive on 7-19-57. Death occurred at 12:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James V. Flaherty (Degree or title) M.D.

22b. ADDRESS Carterville, Mo.

22c. DATE SIGNED 7-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 22, 1957

23c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery

23d. LOCATION (City, town, or county) (State): Carterville, Mo

24. FUNERAL DIRECTOR: Johnston-Arnce-Simpson — ADDRESS: Webb City, Mo.

25. DATE RECD. BY LOCAL REG.: 7-22-57

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(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.

County File Number 5

Date Filed JUL 29 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Harry E. Arnie

Licensed Embalmer No. 4 S

P. O. Address West Ca

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.