

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010566
STATE REGISTRATION NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gatewood Twp.</u>		c. CITY OR TOWN <u>Gatewood</u> <u>0910</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#1 Hwy #142 west 15 miles</u>		d. STREET ADDRESS (If outside, give location) <u>R#1</u>	
Length of stay in lb <u>life</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle _____ Last <u>RYAN</u>			4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 7, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>AGRICULTURE</u>	11. BIRTHPLACE (City and state or country) <u>Gatewood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>H.S.A.</u>
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13a. FATHER'S NAME <u>Michael Ryan</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA E. Lebieg</u>	14. NAME OF HUSBAND OR WIFE <u>MARY Ellen RYAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) <u>Yes WW#1</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>MARY Ellen RYAN</u>	Address <u>Gatewood, Mo.</u>
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18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>generalized arteriosclerosis</u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <u>June 57</u> to <u>March 1959</u> and last saw ^{her} him alive on <u>March 5, 1959</u> Death occurred at <u>1:50 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Do not write in parentheses) <u>Frank Johnson M.D.</u>	22b. ADDRESS <u>Doniphan, Mo</u>	22c. DATE SIGNED <u>3/28/59</u>
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23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>	23b. DATE <u>MAR. 25, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ponder Catholic Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Ponder, Missouri</u>
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24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u>	ADDRESS <u>Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-31-1959</u>	26. REGISTRAR'S SIGNATURE <u>Flava Brog</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

Johnson
REC'D APR 15 1959

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 *Gene Harsent*

Licensed Embalmer No. *4809*
P. O. Address *Naylor, 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.