URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59–039306

STATE FILE NUMBER

AMENDED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rothville
Length of stay in 1b 11 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Chariton
c. CITY OR TOWN Rothville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Orva Middle Last Eyre

4. DATE OF DEATH Month 11 Day 15 Year 1959

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/30/1881
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months 7 Days 15
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal & Ice
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Warrenburg, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lew
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Minnie Eyre

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. None
17. INFORMANT Mrs. Minnie Eyre Address Rothville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Left bundle branch block of myocardium.	1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive heart failure	10 years.
DUE TO (c)	Severe case of generalized arteriosclerosis	20 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1953, to Nov. 15, 1959 and last saw her/him alive on Nov. 4, 1959

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. R. L. Ryals (Degree or title) R. L. Ryals D.O.
22b. ADDRESS Brookfield, Missouri
22c. DATE SIGNED 11-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 11-17-59
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.
23d. LOCATION (City, town, or county) (State) Kansas city

24. FUNERAL DIRECTOR James McLaughlin ADDRESS Macoulin, Mo
25. DATE RECD. BY LOCAL REG. Nov 19-1959
26. REGISTRAR'S SIGNATURE Howie Smith

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Dr. R. L. Ryals

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed: James B. McClellan

Licensed Embalmer No. 4230

P. O. Address Brookfield

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