...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-039474

STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 46

...MENDED

1. PLACE OF DEATH
a. COUNTY CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-(MERAMEC) Length of stay in 1b 50 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MI. E-STEELVILLE Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CRAWFORD
c. CITY OR TOWN RURAL (MERAMEC) Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 MI. E-STEELVILLE, MO. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: BELLE PEARL RYAN

4. DATE OF DEATH Month Day Year: NOV. 20-1959

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-13-1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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: —
11. BIRTHPLACE (City and state or country): ST. JAMES, MISSOURI.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: FRED 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 Address: FRED RYAN-STEELVILLE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition
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 4-28-58, to 11-20-59 and last saw her alive on 11-19-59
Death occurred at 3:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. Bavinson M.D.
22b. ADDRESS: Steelville, Mo.
22c. DATE SIGNED: 11-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-22-59
23c. NAME OF CEMETERY OR CREMATORY: STEELVILLE CEMETERY
23d. LOCATION (City, town, or county) (State): STEELVILLE, MO.

24. FUNERAL DIRECTOR ADDRESS: Thomas S. Halbert-STEELVILLE, MO.
25. DATE RECD. BY LOCAL REG.: 11/24/59
26. REGISTRAR'S SIGNATURE: Mrs. Hazel Lichius

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS- DEC _2 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas S. Halbert

Signature of Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steubville

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