

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Sevan
-61-012491

AMENDED

STATE FILE NUMBER

Registration District No. *10*
FILED APR 18 1961

Primary Registration District No. *3002*

Registrar's No. *65*

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 4 Yrs		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 702 East Liberty		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First James Middle W. Last Ryan				4. DATE OF DEATH Month April Day 9 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-28-80		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker				10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME James Ryan				13b. MOTHER'S MAIDEN NAME Julia				14. NAME OF HUSBAND OR WIFE Carrie Ryan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Mrs. Carrie Ryan, Mexico, 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) <i>Acute myocardial decompensation</i>										INTERVAL BETWEEN ONSET AND DEATH <i>300 days</i>			
DUE TO (b) <i>Due advanced valvular and Arterio-sclerotic heart disease.</i>										DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>8-1-1959</i> to <i>Apr 9, 1961</i> and last saw him alive on <i>Apr. 9, 1961</i> Death occurred at <i>1:10 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>H. L. Sevan M.D.</i> (Degree or title)						22b. ADDRESS <i>Mexico, Mo</i>			22c. DATE SIGNED <i>4-10-61</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-11-61		23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery			23d. LOCATION (City, town, or county) (State) Mexico, Missouri						
24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. April 10-1961		26. REGISTRAR'S SIGNATURE <i>Blanche Keely</i>							

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

Richard F. M. Donald

Licensed Embalmer No. 4825

P. O. Address Memphis

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.