

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000563

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 9

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 <u>0147</u>					
2 <u>0147</u>					
3					
4 <u>0</u>					
5 <u>1</u>					
6					
7 <u>2</u>					
8 <u>2</u>					
9 <u>9491X</u>					
10					
11					
12 <u>1-0</u>					
13 <u>1-0</u>					
ITEM NO.	SHOULD READ				

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 15 1963		
1. PLACE OF DEATH		
a. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> Length of stay in 1b <u>6 Weeks</u>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) <u>223 East 5th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED First <u>Harry</u> Middle <u>Leighton</u> Last <u>Ryan</u>		
4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>7/26/1882</u>		9. AGE (last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>
11. BIRTHPLACE (City and state or country) <u>Canada</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Isabell ?</u>
14. NAME OF HUSBAND OR WIFE <u>Mabel Ryan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[redacted]</u>
17. INFORMANT <u>Mrs. Mabel Ryan</u>		<u>223 East 5th St. Fulton, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Staph. Pneumonia</u>		<u>2 Weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prostatectomy</u>		<u>3 Weeks Pro.</u>
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.
<u>Bleeding Duodenal Ulcer</u>		<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 <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u> Month, Day, Year <u>[redacted]</u>	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.) <u>[redacted]</u>
20f. CITY, TOWN, OR LOCATION <u>[redacted]</u> COUNTY <u>[redacted]</u> STATE <u>[redacted]</u>		
21: I attended the deceased from <u>1950</u> to <u>Present</u> and last saw her alive on <u>1-9-63</u> Death occurred at <u>3:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated:		
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Fulton, Mo</u>
		22c. DATE SIGNED <u>1-11-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan, 11, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>
		23d. LOCATION (City, town, or county) <u>Fulton Mo</u>
24. FUNERAL DIRECTOR <u>Browning Funeral & Home Fulton, Mo</u> ADDRESS <u>[redacted]</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 12-1963</u>
		26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1963
DEC 20 1963

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 *A. H. Mance*

Licensed Embalmer No. 4996

P. O. Address Fulton 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.