

ED. MAR. 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7273

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 83

940

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE		c. CITY OR TOWN BONNE TERRE 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 MOUND		d. STREET ADDRESS (If rural, give location) 110 MOUND	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) G c. (Last) RYATT			4. DATE OF DEATH (Month) (Day) (Year) FEB 20 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH SEPT 16, 1864		9. AGE (In years last birthday) 88		10. UNDER 1 YEAR Months 5 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Dudley JENKINS		13b. MOTHER'S MAIDEN NAME SARAH LEMONS		14. NAME OF HUSBAND OR WIFE PETER RYATT	
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'S SIGNATURE OR NAME SARAH TUCKER ADDRESS Bonne Terre Mo	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		4200	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza		10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 1939**, to **Feb. 20, 1953**, that I last saw the deceased alive on **Feb. 20, 1953**, and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Marvin J. Haw, D.M.P.			23b. ADDRESS Bonne Terre Mo.			23c. DATE SIGNED 2/25/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/22/53		24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE		24d. LOCATION (City, town, or county) (State) Bonne Terre Missouri		
DATE REC'D BY LOCAL REG. Feb 25, 1953		REGISTRAR'S SIGNATURE 289-0 Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE BENHAM UND COMPANY ADDRESS Bonne Terre Mo				

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed C. J. Beyer

Licensed Embalmer No. 1671

P. O. Address Denville, N.J.

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 this body is not embalmed, fact should be so stated above.