

150 SEP 20 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31845

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3898

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 3835 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Nursing Home			

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3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) J. c. (Last) Ryan			4. DATE OF DEATH (Month) (Day) (Year) 9 2 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-20-1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Stat. Eng.		10b. KIND OF BUSINESS OR INDUSTRY Jackson County	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Ryan	13b. MOTHER'S MAIDEN NAME Mary Murphy	14. NAME OF HUSBAND OR WIFE Margaret E. 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'S SIGNATURE OR NAME ADDRESS C. W. Ryan 1343 Bellefontain KCMO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease and failure ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Coronary infarction infarction DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.
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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 Oct. 1920 to Sept 2, 1952, that I last saw the deceased alive on Sept. 2, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE W. L. Gist	(Degree or title) MD	23b. ADDRESS 311 Shukert Bldg.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-6-52	24c. NAME OF CEMETERY OR CREMATORY St. Marys	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 9-3-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS KCMO.

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

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V: 6194

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 _____
Licensed Embalmer No. _____

P. O. Address _____

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.