

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43155**

FILED JAN 14 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5987**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>90I Paseo</b>		e. STREET ADDRESS (If rural, give location) <b>90I Paseo</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mabel</b> b. (Middle) <b>Regina</b> c. (Last) <b>Ryder</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 16, 1953.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 30, 1874 / 1873</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Joseph Fritsch</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Walk</b>		14. NAME OF HUSBAND OR WIFE <b>George Ryder</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-09-6663</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Rosena Gardner</b>		ADDRESS <b>90I Paseo Kansas City Mo.</b>	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b>	
		DUPLICATE (b) <b>Hypertension</b>	
		DUPLICATE (c) <b>Arterio sclerosis</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>15 months</b> <b>6 years</b> <b>10 years</b> <b>4201</b>	
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) m.	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 <b>Nov 22, 1953</b> , to <b>Dec 12, 1953</b> , that I last saw the deceased alive on <b>Dec 30, 1953</b> , and that death occurred at <b>2:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. L. Garcke</b> (Print name or title) DO.		23b. ADDRESS <b>1400 E. 237th St. K.C. Mo.</b>	23c. DATE SIGNED <b>12/31/53</b>
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>	24b. DATE <b>Dec. 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-22-53</b>	REGISTRAR'S SIGNATURE <b>Suzaldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C.L. Forster Kansas City Mo.</b>	

---

---

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.....  
Licensed Embalmer No. 3599

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.