

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8912**
1263

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside the incorporated limits of a city or town) Rural Brookings		c. CITY OR TOWN Rural Brookings	
c. LENGTH OF STAY (in this place) 22 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		e. STREET ADDRESS (If rural, give location) 10800 Ryan Road, 7000 1	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Leslie c. (Last) Ryan			4. DATE OF DEATH (Month) (Day) (Year) Mar. 19. 1954		
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5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 24. 1880		9. AGE (In years) (Month) (Day) (Year) 73 7 25	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Right-way agent		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.		11. BIRTHPLACE (City and State or Foreign Country) Portland, Maine		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME John Ryan		13b. MOTHER'S MAIDEN NAME Rose Ella Leslie		14. NAME OF HUSBAND OR WIFE Katherine Booge Ryan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-03-8171		17. INFORMANT'S SIGNATURE OR NAME Telephone Company Records. ADDRESS _____	
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompensation		DUE TO (b) arteriosclerotic heart disease		3 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) none			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4 200	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 53	
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22. I hereby certify that I attended the deceased from **7 1954**, to **3-19 1954** that I last saw the deceased alive on **3/19 1954** and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John A. Flatley (Degree or title) M.D.		23b. ADDRESS Raytown, Mo.		23c. DATE SIGNED 3/20/54	
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24a. BURIAL CREMATION REMOVAL (Specify) burial		24b. DATE Mar 22. 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		24d. LOCATION (City, town, or county) (State) Rlythdale Missouri	
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DATE REC'D BY LOCAL REG. 3-20-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Clark Hebert ADDRESS Raytown, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John R. Sidmore*
Licensed Embalmer No. *453*
P. O. Address *Kansas*

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.