Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001680

STATE FILE NUMBER 69

FILED FEB 11 1959 Registration District No. 146 Primary Registration District No. 5-568 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 535 Brookside Dr. — Length of stay in Ib 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas. b. COUNTY
c. CITY OR TOWN Girard 81.50 8 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 212 E. Forest. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Laura Middle: M. Last: Ryan

4. DATE OF DEATH Month: Feb. Day: 1, Year: 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Oct.25,1875
9. AGE (In years on last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Brazilton Kansas 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Hess
13b. MOTHER'S MAIDEN NAME Katie Alexander
14. NAME OF HUSBAND OR WIFE Charles Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. A. W. Crutcher Address 535 Brookside Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hematemesis from probable gastric varices — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver — More than 1 year
DUE TO (c) Failing Nutrition
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis 5810
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 4 1958, to Feb 1 1959 and last saw her alive on Jan 27 1959
Death occurred at 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B. Leix (Degree or title) M.D.
22b. ADDRESS 1530 Prof Bldg Kansas City Mo.
22c. DATE SIGNED 2-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/2/59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Girard (State) Kansas

24. FUNERAL DIRECTOR Stine & McClure ADDRESS K.C.Mo.
25. DATE RECD. BY LOCAL REG. 2-2-59
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 11 1959

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.