

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

59-006099

State File No.

FILED MAR 11 1959

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 130

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Jasper</u>			a. STATE <u>Kansas</u>		b. COUNTY <u>Cherokee</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena</u> 81508		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1206 East 7th St.</u>		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Ferrell</u>			b. (Middle) <u>Charles</u>		
c. (Last) <u>Ryan</u>			Date: <u>March 6, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 23, 1904</u>	9. AGE (In years last birthday) <u>54 yrs.</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>		11. BIRTHPLACE (State or foreign country) <u>Galena, Kansas</u>	
13a. FATHER'S NAME <u>Willis Ryan</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Hilton</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Ryan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>509-09-7504</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Ryan</u>	
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			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung with Cerebral Metastasis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			<u>1 yr</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Osteomyelitis Rt hip.</u>		DUE TO (c)			<u>20 yrs</u>
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) <u>Galena, Cherokee, Kansas</u>	
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? <u>163x</u>	
22. I hereby certify that I attended the deceased from <u>April</u>, 1958, to <u>6 Mar</u>, 1959, that I last saw the deceased alive on <u>6 Mar</u>, 1959, and that death occurred at <u>7:30 p.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert J. Powell M.D.</u>			23b. ADDRESS <u>Galena, Kansas</u>		23c. DATE SIGNED <u>7 Mar 59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/8/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galena, Kansas</u>
DATE REC'D BY LOCAL REG. <u>3-7-59</u>		REGISTRAR'S SIGNATURE <u>Dorothy Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Kitch</u>	
				ADDRESS <u>Galena, Kans.</u>	

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.

Signed F. W. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Phillips

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

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