

**JR. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-019603**

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2901 STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                   |  | Length of stay in 1b<br><b>21 Days</b>   | c. CITY OR TOWN <b>Leawood</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>2004 West 92nd Street</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Vanston</b> Middle <b>H.</b> Last <b>Ryan</b> | 4. DATE OF DEATH<br>Month <b>5</b> Day <b>- 27</b> Year <b>- 1960</b> |
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|                       |                                  |   |                                    |                                     |   |                |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/24/04</b> | 9. AGE (last birthday)<br><b>55</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Professor</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Rockhurst College</b> | 11. BIRTHPLACE (City and state or country)<br><b>West Mineral, Ks</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b> |
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| 13a. FATHER'S NAME<br><b>Daniel W. Ryan</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Crilly</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs Velma Ryan</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>None</b> | 16. SOCIAL SECURITY NO.<br><b>487-36-4799</b> | 17. INFORMANT<br><b>Mrs Velma Ryan</b> | Address<br><b>2004 W 92nd St. Leawood, Kansas</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Failure</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 Weeks</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Coronary Occlusion + INFARCT</b> |  |
|  | DUE TO (c)                                     |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>None</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
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| 21. I attended the deceased from <b>5-6-60</b> to <b>5-27-60</b> and last saw her alive on <b>5-27-60</b><br>Death occurred at <b>St Mary's Hosp</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |                                |                                    |
|---|--------------------------------|------------------------------------|
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)<br><b>M.D. Professional Building</b> | 22b. ADDRESS<br><b>K.C. Mo</b> | 22c. DATE SIGNED<br><b>5-27-60</b> |
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|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>5/31/60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Mo</b> |
|--|-----------------------------|---|--|

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>Mellody-McGilley-Eylar</b> | ADDRESS<br><b>20 W. Linwood</b> | 25. DATE RECD. BY LOCAL REG.<br><b>5-28-60</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
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**K.C.11, o.**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Duncan

Wm H. L.  
Perry  
V: 2-11

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George A. Jack

Licensed Embalmer No. 505

P. O. Address AC 38

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.