

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043964

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1618

STATE FILE NUMBER

FILED APR 17 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Mo.	b. COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 55 yrs		d. STREET ADDRESS 602 E. Meyer Blvd.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First HENRY	Middle A.	Last RUYSSEY, JR.	4. DATE OF DEATH	Month March	Day 30	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-29-05	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 7	IF UNDER 24 HR Days 30	Hours 00	Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black, Sivals, & Bryson	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry A. Ruysser, Sr.	13b. MOTHER'S MAIDEN NAME Mary Mahoney	14. NAME OF HUSBAND OR WIFE Mary Leona Ruysser
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Frank J. Ruysser - 8300 Blue Ridge Exten.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 7 months
IMMEDIATE CAUSE (a) Carcinoma of the sigmoid	DUE TO (b) Metastases	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KC Mo	COUNTY Mo	STATE Mo
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21. I attended the deceased from 9/6/1960 to 3/30/61 and last saw him alive on 3-30-60 Death occurred at 3-31-1961 3A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wm Ketcham MD</i>	(Degree or title) MD	22b. ADDRESS KC Mo	22c. DATE SIGNED 3/31/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-3-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City, town, or county) Kansas City Mo.
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	ADDRESS 1800 E, Linwood.	25. DATE RECD. BY LOCAL REG. 3-31-61	26. REGISTRAR'S SIGNATURE <i>Reith Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 W. Ketcham
 SHOULD READ
 ITEM NO.

D. Ketchum
Walshheim Co.
Vi 2-6708
OK 2:30-5PM.
11TH Walnut

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 Floyd F. Dickmore

Licensed Embalmer No. 5120

P. O. Address K. C. 9, 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.