

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010257

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 32 Primary Registration District No. 3013 Registrar's No. 54

**FILED APR 9 1962**

1. PLACE OF DEATH  
 a. COUNTY Clay  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City Length of stay in 1b 6 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Ks. City Memorial Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Clay  
 c. CITY OR TOWN Excelsior Springs Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 117 Saratoga Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Mary A. Ryan April 4 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10/21/1877 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Thomas Rippen Young 13b. MOTHER'S MAIDEN NAME Margaret Jane Johnson 14. NAME OF HUSBAND OR WIFE Mathew Ryan, Deceased

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. None 17. INFORMANT Address Mrs. Miller Ousley, Ex. Spgs. MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 5 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular  
 DUE TO (c) Renal Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 : Month, Day, Year  
6:30 p.m. July 6 1959

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 July 6 1959 to April 4, 1962 and last saw her alive on April 3, 1962  
 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) James S. Thillouphy, M.D. 22b. ADDRESS 375 Main Liberty Mo 22c. DATE SIGNED 4-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/7/1962 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.

24. FUNERAL DIRECTOR ADDRESS Chas. Vergil Hope, Ex. Spgs. Mo. 25. DATE RECD. BY LOCAL REG. 4-6-62 26. REGISTRAR'S SIGNATURE Marquette Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1 6004  
 2 60012  
 3  
 4 1  
 5 2  
 6  
 7 2  
 8 0  
 9 9442X  
 10  
 11  
 12 6-0  
 13 2-0

**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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.