

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027657

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 182

STATE FILE NUMBER

FILED AUG 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6004

2 6004

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Length of stay in 1b <u>44 yrs.</u>	c. CITY OR TOWN <u>North Kansas City</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North K.C. Memorial Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4417 Winn Road</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM P. RYAN</u>			4. DATE OF DEATH Month Day Year <u>July 29, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis, Missouri</u>	9. AGE (last birthday) <u>66</u>
13a. FATHER'S NAME <u>Timothy Thomas Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Ryan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. Mary E. Ryan</u>		Address <u>4417 Winn Road</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carbon dioxide poisoning</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
DUE TO (b) <u>Pulmonary insufficiency (Cor pulmonale)</u>			<u>1 year</u>
DUE TO (c) <u>Pulmonary emphysema</u>			<u>9-10 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Secondary polycythemia</u>			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
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year s.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		COUNTY STATE	
21. I attended the deceased from <u>July 26, 1963</u> to <u>July 29, 1963</u> and last saw her/him alive on <u>July 29, 1963</u> Death occurred at <u>3:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S Comer Bates, M.D.</u>		22b. ADDRESS <u>5140 Anthony Road Kansas City (9, Missouri)</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		22d. DATE SIGNED <u>7/30/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-1-63</u>	
23c. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		23d. (State)	
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>		25. DATE RECD. BY LOCAL REG. <u>7-30-63</u>	
ADDRESS <u>20 W. Linwood</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1963

Mr. G. C. Bates
5140 Antioch
Gl 3-3600

Times: 1:00 to 5:00

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

Lloyd F. Dickman

Licensed Embalmer No. 5120

P. O. Address K. C. 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.