

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1507**  
**296**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **296**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>1 WK.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2711 W. 69th. 8150 S</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HELEN</b> b. (Middle) c. (Last) <b>RYAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 19 54</b>					
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>11-2-1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>HENRY RAIDT</b>	13b. MOTHER'S MAIDEN NAME <b>MARY L. PHINN</b>	14. NAME OF HUSBAND OR WIFE <b>C. J. RYAN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS <b>K.C. MO.</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>over 6 yrs.</b>  <b>5 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>Diabetes Mellitus</b>		
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)
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?

22. I hereby certify that I attended the deceased from **Jan 14, 1954**, to **Jan 19, 1954**, that I last saw the deceased alive on **Jan 18, 1954**, and that death occurred at **4:40 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Martin P. Hunter</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1408 Waldheim Rd</b>	23c. DATE SIGNED <b>1-19-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1-19-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>—</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph MO.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eyler</b> ADDRESS <b>K.C. MO.</b>	
DATE REC'D BY LOCAL REG. <b>1-19-54</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

APR 20 1954

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.....  
*J. A. Payne*

Licensed Embalmer No. *J. A.*

P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.