

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5045**
623

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **623**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JACKSON	b. CITY OR TOWN KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
c. LENGTH OF STAY (in this place) 35 yrs		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6210-G-12th St		e. STREET ADDRESS (If rural, give location) 6210-G-12th St 3208	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ETHEL	b. (Middle) AGNES	c. (Last) RYANE	(Month) 2	(Day) 6	(Year) 54
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 30-1906		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) WHITE ROCK Mo 0	
13a. FATHER'S NAME MOODY MARR ALBERT			13b. MOTHER'S MAIDEN NAME CATHERINE ELDER		14. NAME OF HUSBAND OR WIFE PATRICK RYANE
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'S SIGNATURE OR NAME Patrick Ryane 6210-G-12th St	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			12. CITIZEN OF WHAT COUNTRY? U.S.A
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma right breast		INTERVAL BETWEEN ONSET AND DEATH 18 mos			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					170x

19a. DATE OF OPERATION 2/16/53	19b. MAJOR FINDINGS OF OPERATION Carcinoma at breast with axillary metastases		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) m.	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 2-9, 1953, to 2-6, 1954, that I last saw the deceased alive on 2-6, 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE James H. O'Neil (Degree or title) James H. O'Neil M.D.	23b. ADDRESS 424 Professional Plaza	23c. DATE SIGNED 2/8/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-9-54	24c. NAME OF CEMETERY OR CREMATORY MT OLIVET
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		

25. FEDERAL DIRECTOR'S SIGNATURE Seraldine Smith	ADDRESS WHEIL FUNERAL HOME
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DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FEDERAL DIRECTOR'S SIGNATURE WHEIL FUNERAL HOME	ADDRESS WHEIL FUNERAL HOME
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR JAMES O'NEAL
TRIFF BLOC 11/24/1947

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 *John O. Skelton*

Licensed Embalmer No. *962*
P. O. Address *R.C. Wood*

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.