

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36848

4134 State File No. 4134  
REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5209 Registrar's No. 85

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5209</u>		Registrar's No. <u>85</u>	
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, write RURAL and give town) <u>SMITHVILLE</u>		c. LENGTH OF STAY (in this place) <u>17 YRS</u>		c. CITY OR TOWN <u>GLADSTONE</u>		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 <u>SMITHVILLE HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>RT 12 N.K.C. 6000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTY</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>RYAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 20, 1925</u>	
9. AGE (In years last birthday) <u>29</u>		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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>George W. Hainline</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Pratt</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES A. RYAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-20-5591</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES A. RYAN Gladstone Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bronchogenic Carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>bronchogenic Carcinoma</u>				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) <u>162 X</u>			
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 <u>Oct 19 53</u> , to <u>Nov 16, 1954</u> , that I last saw the deceased alive on <u>Nov 16, 1954</u> and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Halver L. Washburn MD</u>				23b. ADDRESS <u>Gashland, Mo</u>		23c. DATE SIGNED <u>11-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/18/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel M.B.</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>NOV 22 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer Louis N.K.C. Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1955

MAY 23 1955

MAR 16 1956

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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 W. Kalsbeek*

Licensed Embalmer No. 494

P. O. Address: N.K.C., M

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.