No. 300
10.48

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5060
Registrar's No. 692

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 7550 Wyoming

3928

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): S.
c. (Last): Ryan

4. DATE OF DEATH (Month) (Day) (Year): 2-12-55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-28-88
9. AGE (In years last birthday): 66 | 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): Sales Manager
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Supplies Ross Mfg. Co.
11. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Patrick F. Ryan
13b. MOTHER'S MAIDEN NAME: Mary Ann Tobin
14. NAME OF HUSBAND OR WIFE: Josephine Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-09-9194
17. INFORMANT'S SIGNATURE OR NAME: Josephine Ryan ADDRESS: 7550 Wyoming

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 25 yrs +
DUE TO (c) with Mitral Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

410X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 *19*55, *to* February 12, *19*55, *that I last saw the deceased alive on* Feb 12, *19*55, *and that death occurred at* 7 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold V. Arms (Degree or title) MD
23b. ADDRESS 4635 Wyandotte K.C. Mo
23c. DATE SIGNED 2/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-15-1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 2-15-55
REGISTRAR'S SIGNATURE: neva minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomers Sons K.C. Mo. ADDRESS: 133 Brush Creek Blvd
(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kellie Kessel

Licensed Embalmer No. 469

P. O. Address K.C.M

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