

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8394**
Registrar's No. **1254**

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

STREET ADDRESS (If rural, give location) **1005 Bennington** **3208**

3. NAME OF DECEASED
a. (First) **William** b. (Middle) **J.** c. (Last) **RYAN**

4. DATE OF DEATH (Month) (Day) (Year) **March 19, 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **8-17-1900**

9. AGE (In years last birthday) **54**
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) **Pipe Fitter**

10b. KIND OF BUSINESS OR INDUSTRY **Sunflower Ord.**

11. BIRTHPLACE (City and State or Foreign Country) **Ireland** **4**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Ryan**

13b. MOTHER'S MAIDEN NAME **Kate Sage**

14. NAME OF HUSBAND OR WIFE **Anna T. Ryan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW-I**

16. SOCIAL SECURITY NO. **494-16-5941**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Anna T. Ryan, 1005 Bennington, KC, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carbosis of Liver**
INTERVAL BETWEEN ONSET AND DEATH **2 minutes**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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.
5810

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **March**

22. I hereby certify that I attended the deceased from **Feb 12, 1955**, to **Feb 19, 1955**, that I last saw the deceased alive on **Feb 18, 1955**, and that death occurred at **3:01 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Martin P. Hunter** (Degree or title) **M.D.**

23b. ADDRESS **1408 Waldheim Bldg**

23c. DATE SIGNED **3/19/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **3-22-55**

24c. NAME OF CEMETERY OR CREMATORY **Mount Olivet**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **3-20-55** REGISTRAR'S SIGNATURE **Neva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Melody-McGilley-Eylar, Kansas City, Mo.**

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

MAY 3 1955

806708
min

APR 26 1955

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 H. Pryor*

Licensed Embalmer No. 29

P. O. Address *H. E. S.*

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.