

FILED JUL 5 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

20831

State File No.

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>299</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY OR TOWN <u>Independence</u>		d. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Haven</u>				e. STREET ADDRESS (If rural, give location) <u>1816 Northern 7005</u>				
3. NAME OF DECEASED a. (First) <u>Eva</u> b. (Middle) <u>Ryerson</u> c. (Last) <u>Ryerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28. 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 28. 1876</u>		
9. AGE (In years) <u>79</u>		IF UNDER 1 YEAR last birthday Months Days		IF UNDER 4 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carlton England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Sheldon</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>George Ryerson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Ryerson</u> ADDRESS <u>Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Anger's Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Progressive Arteriosclerosis</u> <u>Heart disease</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 yrs</u>	
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)		4200		
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>1940</u> , to <u>6-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE <u>Orval J. Sumner DO</u> (Degree or title)				23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>6-29-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 30. 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-30-56</u>		REGISTRAR'S SIGNATURE <u>James H. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Speaks</u> ADDRESS <u>Independence, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

54

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 *A. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indep. Mo.*

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.