

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27127  
STATE FILE NUMBER  
3260  
Registrar's No.

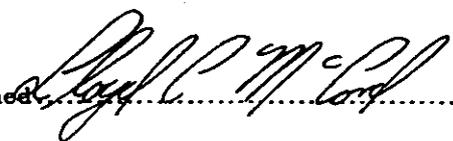
Registration District No. 149 Primary Registration District No. 1002

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, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN RAYTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL Length of stay in lb 1 Day		d. STREET ADDRESS 9314 EAST 68th. TER. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST DARBY HUPCHINSON RYMER			4. DATE OF DEATH Month JULY Day 26 Year 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 FEB. 1892
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Price Writer		10b. KIND OF BUSINESS OR INDUSTRY Railway Express	11. BIRTHPLACE (City and state or country) Sedalia, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME MIKE RYMER	
14. MOTHER'S MAIDEN NAME HATTIE BROWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> (If yes, give war or dates of service) X	
16. SOCIAL SECURITY NO. 714-07-0739		17. INFORMANT Address Grace I. Rymer 9314 E. 68th. Terrace	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture wall of left ventricle & cardiac tamponade DUE TO (b) thrombosis of coronary artery DUE TO (c) infarction posterior wall of heart Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 10 min 4 days 4:20
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 25 July 56 to 26 July 56 and last saw him alive on 26 July 56 Death occurred at 10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack M. Davis (Degree or title) Jack M. Davis M.D.		22b. ADDRESS Raytown, MO.	
22c. DATE SIGNED 20 July 56		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 28 JULY 1956		23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEMORIAL CHAPELS, K.C. MO.	
25. DATE RECD. BY LOCAL REG. 7-27-56		26. REGISTRAR'S SIGNATURE Neva Minshall	

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  .....

Licensed Embalmer No. 483

P. O. Address T.C.

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