

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34219

STATE FILE NUMBER

FILED OCT 24 1956

705-34-52

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4709

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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S			Length of stay in lb Life		19 d STREET ADDRESS 5411 E 10th ST		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Leonard Middle Joseph Last RYAN Jr.				4. DATE OF DEATH Month OCT Day 6 Year 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT 24 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 12 Days 12 Hours 12 Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Leonard Joseph RYAN sr.				14. MOTHER'S MAIDEN NAME Nancy Adcox					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Leonard J RYAN sr. Address 5411 E 10th				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post-operative ileus Repair Oesophagectomy DUE TO (b) Congenital DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 12 days 5602		
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 a. m. Month Day Year 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 9/24/56 to 10/6/56 and last saw ^{from} him ^{alive on} 10/6/56 Date occurred at 10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. Cochran M.D. (Degree or title)				22b. ADDRESS 315 Nichols Rd			22c. DATE SIGNED 10/8/56		
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE 10-9-56		23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.			
24. FUNERAL DIRECTOR Sheil Funeral Home N.C. Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-9-56		26. REGISTRAR'S SIGNATURE Neva Minchall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION M.D. Cochran

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 *Thomas A. Smith*.....

Licensed Embalmer No. *75*

P. O. Address *B.C. M.*

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.