

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED OCT 24 1956

State File No. 4213  
Registrar's No. 1002

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>11 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>5500 3627 WOODLAND</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORTHEAST OSTEOPATHIC</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>RYAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 26 56</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-1-1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR: Months <b>9</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Milan, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Ryan</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Ryan</b>	14. NAME OF HUSBAND OR WIFE <b>LENA RYAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>486-12-7649</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harold E. Ryan</b>	ADDRESS <b>3111 Oakleaf Court</b>
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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) <b>Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>3 yrs</b> <b>6 days</b> <b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) <b>Shock</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of Right hip</b>		
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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-20-56</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell at home</b>

22. I hereby certify that I attended the deceased from **9/20/1956**, to **9/26**, 19**56**, that I last saw the deceased alive on **9/26**, 19**56**, and that death occurred at **8:45 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. W. Huffman, D.O.</b>	23b. ADDRESS <b>5242 St John Kansas City</b>	23c. DATE SIGNED <b>9/26/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>69th Inwood, K.C. Mo</b>
DATE REC'D BY LOCAL REG. <b>9-29-56</b>	REGISTRAR'S SIGNATURE <b>Mervin Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mellody McMillen-Eylar, 1800 E. Linwood</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
M. W. Huffman, D.O.

2003-5739

Nov. 3-7007

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

<sup>PX</sup>  
Signed.....  
Licensed Embalmer No. 2999

P. O. Address..... (C)

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.