

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036818  
State File No. ....

FILED OCT 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 505

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (in this place) <u>2 hrs.</u>	c. CITY OR TOWN <u>La Puente</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>15836 Novack St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Andrew</u>	c. (Last) <u>Ryan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 15, 1957</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>15</u>	IF UNDER 4 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bell, California</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles A. Ryan</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bankson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles A. Ryan</u>	ADDRESS <u>La Puente, Cal.</u>
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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) <u>Septicemia (Waterhouse-Friedrichsen Syndrome)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper Respiratory Infection</u>		<u>30 hrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia, nutritional</u>		<u>0571</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10 P.M. 10-18, 1958, to 10-19, 1958, that I last saw the deceased alive on 10-19, 1958, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Powell M.D.</u>	(Degree or title)	23b. ADDRESS <u>Galena, Kansas</u>	23c. DATE SIGNED <u>19 Oct 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/29/58</u>	24c. NAME OF CEMETERY OR CREMATORY <del>XXXXXX</del> <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Galena, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-24-58</u>	REGISTRAR'S SIGNATURE <u>Steve Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Kitch</u>	ADDRESS <u>Galena, Kansas</u>
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OCT 31 1930

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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 *Jack P. Baker*.....  
Licensed Embalmer No. 4930

P. O. Address *Japan*.....

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.