

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000733

FILED VS JAN 26 1960 73

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5291 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>CLAY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PLESANT VALLEY</u> Length of stay in 1b <u>4 Weeks</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3216, Linwood</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>MILDRED D. RYAN</u>			4. DATE OF DEATH Month Day Year <u>JANUARY, 16, 1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8/28/1895</u>	9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CO. Owner, Lox Glue Mfg, Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Columbus, Ohio</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> 12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Alpheus Leon Decker</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Denton</u>		14. NAME OF HUSBAND OR WIFE <u>George Ryan</u>			
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>500-20-6737</u>		17. INFORMANT Address <u>Mrs. Dora Bond, Liberty, Mo, R#4 Box 155</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY ARTERY DISEASE</u> DUE TO (b) <u>CORONARY ATHEROSCLEROSIS +</u> DUE TO (c) <u>PREVIOUS MYOCARDIAL INFARCT</u> 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) <u>UNDER THERAPY congestive FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>6 months</u> <u>6 weeks</u>			
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 <u>December 24, 1958</u> to <u>JANUARY 16, 1960</u> and last saw her <u>JANUARY 5, 1960.</u> Death occurred at <u>6:30 AM, JANUARY 16, 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>L. Coma Bates, M.D.</u>			22b. ADDRESS <u>2730 SOUTH MAIN KANSAS CITY 19, MISSOURI</u>		22c. DATE SIGNED <u>1/16/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan, 18, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT, Moriah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>			
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomers Sons, North Kansas City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>1-20-60</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John V. Henrich

Licensed Embalmer No. 4848

P. O. Address 5-8-17

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.