URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006541

FILED VS MAR 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 941 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 2 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Mem. Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Prairie Village — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3706 W. 74th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Corle Middle: E. Last: Ryle
4. DATE OF DEATH Month: Feb. Day: 14, Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/27/1875
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Wire Operator
10b. KIND OF BUSINESS OR INDUSTRY: Harris-Upham
11. BIRTHPLACE (City and state or country): Raytown, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William Ryle
13b. MOTHER'S MAIDEN NAME: Mary Jane Wallace
14. NAME OF HUSBAND OR WIFE: Anna M. Ryle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 486-05-1399
17. INFORMANT: C. G. Ryle Address: 3706 W. 74th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Emphysema - Marked	Years
DUE TO (c)	Pneumonia	1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July '58, to Feb 14 '60 and last saw her/him alive on 13 Feb '60
Death occurred at 840 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard [illegible] (Degree or title) M.D.
22b. ADDRESS 7501 Mission Rd
22c. DATE SIGNED 2-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/16/1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Ceme.
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Earp & Sons ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 2-16-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed William H. Earg

Signature of Student Embalmer

Licensed Embalmer No. 4728

P. O. Address K. C. M

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