

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40583

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u> Registrar's No. <u>147</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u>		d. STREET ADDRESS (If rural, give location) <u>No STREET ADDRESS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			d. STREET ADDRESS (If rural, give location) <u>No STREET ADDRESS</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u> b. (Middle) <u>CORNELIA</u> c. (Last) <u>RAMEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 27, 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 27, 1860</u>	9. AGE (In years last birthday) <u>89</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Woodford County, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>M. B. MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>ANN MARIA NAUE</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES RAMEY (1936)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HELEN COCKRIEL Smithville Mo</u>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1228</u>				
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>34</u> , to <u>Dec 27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 27</u> , 19 <u>49</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Smithville Mo</u>		23c. DATE SIGNED <u>12/27/49</u>
24a. BURIAL OR CREMATION-REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/29-1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 4

District Health Officer No. 8,

District File Number _____

Date Filed 1-10-50

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 CH

CH Student Embalmer No. CH
working under my personal supervision.

Student CH
Student Embalmer

Signed Wm. Rogers
Licensed Embalmer No. 3940
P. O. Address Smithville, Mo.

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 this body is not embalmed, fact should be so stated above.