

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16765
2361

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (In this place) 50 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	3 688
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 4264 JEFFERSON STREET	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle)		c. (Last) RAMEL SR.		4. DATE OF DEATH (Month) (Day) (Year) MAY-30-1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-5-1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY K.C. STAR		11. BIRTHPLACE (State or foreign country) BERLIN GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FRANK RAMEL		13b. MOTHER'S MAIDEN NAME GRACE TURNER		14. NAME OF HUSBAND OR WIFE MRS. NETTIE RAMEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-05-4601		17. INFORMANT'S SIGNATURE OR NAME MRS. NETTIE RAMEL	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute Coronary Thrombosis		14 DAYS	
		DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE		2 yrs -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) (min.)		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 **JUNE, 1949**, to **30 MAY, 1951**, that I last saw the deceased alive on **30 MAY, 1951**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE James W. Downey MD (Degree or title)		23b. ADDRESS Argyle Bldg - K.C. Mo		23c. DATE SIGNED 31 MAY 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-1-1951		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Geraldine Helmes		ADDRESS 1331 BUSH CREEK KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 6-1-51		REGISTRAR'S SIGNATURE Geraldine Helmes		25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer	

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
Student Embalmer

Signed.....

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

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.