

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33786

State File No.

4411

FILED OCT 27 1951

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>501 S. Lawndale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 501 S. Lawndale</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>Josephine</u>	c. (Last) <u>Ramsey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1951</u>
-------------------------------------	-------------------------	------------------------------	-------------------------	------------------------------------------------------------

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Dec. 21, 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	-------------------------------------------------------------------------	---------------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Salisbury, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>unknown Sanderson</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Harper</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. T. Ramsey (deceased)</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russell M. Woods, Kansas City, Mo.</u>	ADDRESS _____
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------	---------------

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>Coronary Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42 min!</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.		

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) _____	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 10/15, 1951, to _____, 19____, that I last saw the deceased alive on 10/15, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Williams</u> R. A. Williams (Degree or title)	23b. ADDRESS <u>5400 St John St Kansas</u>	23c. DATE SIGNED <u>10/16/51</u>
-----------------------------------------------------------------------	--------------------------------------------	----------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>10-18-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo.</u>
---------------------------------------------------------	-----------------------------	-------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>10-16-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Carson</u>	ADDRESS <u>Independence, Mo.</u>
------------------------------------------	-----------------------------------------------	------------------------------------------------------	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Harold E. Hood*

Licensed Embalmer No. *4609*

P. O. Address *Indep. 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.