

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32100**
Registrar's No. **358**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

When

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) OR TOWN Independence		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. SAN. + Hospital		e. STREET ADDRESS (If rural, give location) 1841 VASSAR 700th	

3. NAME OF DECEASED (Type or Print)	a. (First) OLLIE	b. (Middle) MARTIN	c. (Last) RAMSEY	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5-53
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 29 June -1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Indep-Jackson County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John VanBuren Martin	13b. MOTHER'S MAIDEN NAME Caroline Stanley	14. NAME OF HUSBAND OR WIFE J. Watson Ramsey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J. Watson Ramsey Jr	ADDRESS Indep. Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		
	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. Bronchial asthma		5 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 492X	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 19, 1953** to **Sept 5, 1953** that I last saw the deceased alive on **Sept 5, 1953** and that death occurred at **4:15 PM**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Allen	(Degree or title) M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED Sept 9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8 Sept 53	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence Mo
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DATE REC'D BY LOCAL REG. 9-8-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS St. + Mitchell, Indep. Mo.
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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.....
Signature of Student Embalmer

Signed *Jason T White*.....

Licensed Embalmer No. *4925*

P. O. Address *Independence*

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.