

FILED OCT 1 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **31216**

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5607</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KINGSVILLE</u>		c. LENGTH OF STAY (In this place) <u>15 YRS</u>		c. CITY OR TOWN <u>KINGSVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 KINGSVILLE MO</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE #1</u> 0510			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u> b. (Middle) <u>WALTER</u> c. (Last) <u>RAMEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 22 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV 10 1906</u>		9. AGE (In years last birthday) Months Days <u>49 10 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING & MACHINERY</u>		10b. KIND OF BUSINESS OR OWN FARM INDUSTRY <u>BENDIX MFG CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAMONTE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NAMES RAMEY</u>			13b. MOTHER'S MAIDEN NAME <u>ROSA WARD</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL A. RAMEY</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>487-16-4813</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl A. Ramey, Kingsville, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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) <u>4201</u>			
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 <u>1-5</u> , 19 <u>54</u> , to <u>9-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-23-56</u> , 19 <u>56</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. L. Redford, M.D.</u> (Degree or title)				23b. ADDRESS <u>Worrensburg Mo.</u>		23c. DATE SIGNED <u>9-20-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-25-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLINTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLINTON MO</u>		
DATE REC'D BY LOCAL REG. <u>Sept 26, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs H. T. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emaley & Kopp Belden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

150

APR 27 1958

MAY 26 1957

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 *M. R. Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Helden*.....

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.