

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH17301
STATE FILE NUMBER
2468

FILED JUN 12 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2468

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4318 Brooklyn			Length of stay in lbs. 30 yrs.		d. STREET ADDRESS (If outside, give location) 4318 Brooklyn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LENA Middle M. Last RAMEY				4. DATE OF DEATH Month 5 Day 26 Year 57									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 8, 1900		9. AGE (In years less birthday) 57		IF UNDER 1 YEAR Months 5 Days 26		IF UNDER 24 HRS. Hours 57 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri			12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Frank Palmer				13b. MOTHER'S MAIDEN NAME Rose Busky				14. NAME OF HUSBAND OR WIFE Walter F. Ramey					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Walter F. Ramey, 4318 Brooklyn								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion, acute										INTERVAL BETWEEN ONSET AND DEATH Onset with death			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute coronary insufficiency DUE TO (c) Patient suffered previous attack of acute coronary occlusion; hospitalized Research Hospital for several weeks, December, 1956.													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH (Not related to the terminal disease condition given in PART I (a).) 4201													
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)										
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from Dec. 22, 1956 to 5-26-57 and last saw her/him alive on 5-26-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Ralph Perry M.D.</i> (Degree or title) D					22b. ADDRESS 4800 East 24th, Kansas City, Mo.					22c. DATE SIGNED 5-27-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-28-57		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City, Missouri						
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 1800 E Linwood				25. DATE RECD. BY LOCAL REG. 5-27-57		26. REGISTRAR'S SIGNATURE <i>Neval Marshall</i>							

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Ralph Perry5. 300
1-57

Dr. Ralph Per
4800 E. 24th

2
KP

1:30 PM-

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

Signed *Melvin Parteau*

Signature of Student Embalmer

Licensed Embalmer No. *4903*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.