Health, & Welfare Public Service

S. 300 D 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025746

STATE FILE NUMBER 3171

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City, Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Length of stay in Hospital 50 yrs.	d. STREET ADDRESS (If outside, give location) 412 E. 72 Terr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First PETER Middle P. Last RAMOS			4. DATE OF DEATH Month June Day 26 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH April 2, 1896
9. AGE (In years last birthday) 61	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) Owner	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Kyparisia, Greece	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter Ramos	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE CLARA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1	16. SOCIAL SECURITY NO. 494-12-8481	17. INFORMANT Clara Ramos	Address - 412 E. 72 Terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hemorrhage of Esophageal Varices	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cirrhosis of Liver	1 year
DUE TO (c)		5810

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 '57, to 26 June '58 and last saw him alive on 26 June '58. Death occurred at 7:05 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Davis (Degree or title) M.D.

22b. ADDRESS Prairie Village Med. Bldg.

22c. DATE SIGNED 6-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-28-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) KansasCity, Mo. (State)
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	ADDRESS K.C., Mo. 1800 Linwood	25. DATE RECD. BY LOCAL REG. 6-27-58	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Richard E. Davis

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 Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K.C. 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.