

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032933
STATE FILE NUMBER
4235

SEP 24 1958

Registration District No. 199 Primary Registration District No. 1005 Registrar's No.

300
1-57

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION General Hospital #1		Length of stay in lb 30 YRS	d. STREET ADDRESS 1604 E. 40th		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bertha Middle E. Last Ramsey			4. DATE OF DEATH Month 9 Day 1 Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-10-81	9. AGE (In years last birthday) 77 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) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (City and state or country) Kansas City, Kan.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Herman W. Gerber.		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none THOMAS M. RAMSEY	
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 Glen Ramsey, 4336 Mercington KCMo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atherosclerotic heart disease Undetermined pending further investigation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of pelvis					INTERVAL BETWEEN ONSET AND DEATH 14 days 42nd F
20a. ACCIDENT <input checked="" 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.) Fall on kitchen floor			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 8-18-58					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, Missouri	
21. I attended the deceased from 8-18-58 , to 9-1-58 and last saw her alive on 9-1-58 Death occurred at 8:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>B. I. Burns, M.D.</i> (Degree or title)			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 9-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-2-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Kansas City Kansas.
24. FUNERAL DIRECTOR WARNICK EADS FUNERAL HOME KCK. ADDRESS			25. DATE RECD. BY LOCAL REG. 9-4-58		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. I. Burns

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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 *John W. Haldensinger*

Licensed Embalmer No. *5058*

P. O. Address *Kansas City, 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.