

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008773
State File No.

FILED APR 15 1959

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE		c. CITY OR TOWN PLATTE CITY	
c. LENGTH OF STAY (in this place) 10 DAYS		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 SMITHVILLE COMMUNITY HOSP.		e. STREET ADDRESS (If rural, give location) MAY TOWNSHIP	

3. NAME OF DECEASED (Type or Print) a. (First) OPTIE b. (Middle) EDWIN c. (Last) RAMEY			4. DATE OF DEATH APR. 7, 1959	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUG. 8, 1891		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 1 HS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (City and State or Foreign Country) PLATTE CO. MO., RURAL
12. CITIZEN OF WHAT COUNTRY? U. S. A.				

13a. FATHER'S NAME DAVIS RAMEY		13b. MOTHER'S MAIDEN NAME LILLIAN WREN		14. NAME OF HUSBAND OR WIFE BUENA LOGAN 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. 490-42-2817		17. INFORMANT'S SIGNATURE OR NAME MRS. O. E. RAMEY
ADDRESS PLATTE CITY, MO. R.F.D.				

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) Acute Coronary Thrombosis			ADDRESS R.F.D. INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 March 29, 1959, to April 7, 1959, that I last saw the deceased alive on April 7, 1959, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD		23b. ADDRESS Smithville, Mo.	
					23c. DATE SIGNED 4-8-59

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-9-'59		24c. NAME OF CEMETERY OR CREMATORY SECOND CREEK CEMETERY	
24d. LOCATION (City, town, or county) (State) PLATTE COUNTY, MO.					

DATE REC'D BY LOCAL REG. 4-8-59		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME, SMITHVILLE, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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..... *Donald W. Hanks*

Licensed Embalmer No. *2528*

P. O. Address *Smithville, Va*

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.