

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036357

FILED VS NOV 10 1959

149

Registration District No. Primary Registration District No. 1002

Registrar's No.

5078

STATE FILE NUMBER

UNRECORDED

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		Length of stay in 1b 20 yrs.		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 ST. LUKES HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6555 HOLMES		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First AL Middle E. Last RAMQUIST				4. DATE OF DEATH Month OCT Day 21 Year 1959									
5. SEX MALE		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 APRIL 11, 1904		9. AGE (last birthday) 55 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER NAZARENE PUBLISHING HOUSE				10b. KIND OF BUSINESS OR INDUSTRY TOPEKA KANSAS		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME ERICK A RAMQUIST				13b. MOTHER'S MAIDEN NAME CHARLOTTE SODERSTROM				14. NAME OF HUSBAND OR WIFE GRACE RAMQUIST					
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. 380 26 4921		17. INFORMANT Address JOHN T. RAMQUIST 6555 HOLMES K. C. MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Acute Instent. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis, Chronic 7+ Yrs. DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> not		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No Injury									
20c. TIME OF INJURY Hour 7:30 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 Jan 1947 to Oct 21 '59 and last saw him alive on June 25, 1959 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robt. Boody M.D.				22b. ADDRESS 217 Plaza Line Bldg. KC Mo.				22c. DATE SIGNED 10/21/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT 23, 1959		23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM		23d. LOCATION (City, town or county) KANSAS CITY MO.		23e. (State)					
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 10-22-59		26. REGISTRAR'S SIGNATURE Neil Marshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robt. Boody

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Honolulu

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.