

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS MAR 11 1960

-60-006501

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1259 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in 1b <b>20</b> YRS.	c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7717 Ward Parkway</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>R.</b> Last <b>Ramsey</b>	4. DATE OF DEATH Month <b>2-</b> Day <b>29-60</b> Year <b>60</b>
---	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 22, 1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b> Hours <b>15</b> Min.	IF UNDER 24 HR Hours <b>6</b> Min.
--------------------	-------------------------------	---	---------------------------------------	----------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Co.</b>	11. BIRTHPLACE (City and state or country) <b>Kan sas</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	---	--	--

13a. FATHER'S NAME <b>David A. Ramsey</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>Kathryn Ramsey</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>451-01-0840</b>	17. INFORMANT <b>Kathryn Ramsey, Kansas City, Mo.</b>
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Arterio-sclerosis</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), and (c). <b>Acute Coronary Thrombosis 1955</b>	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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <b>2</b> Month, Day, Year <b>29-60</b>	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 <b>Kansas City</b>	COUNTY <b>Mo</b>	STATE <b>Mo</b>
--	--	--	--	---------------------	--------------------

21. attended the deceased from <b>October 16 1951</b> to <b>2-29-60</b> and last saw him alive on <b>2-29-60</b> Death occurred at <b>3:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>Carl R. Ferris</b> (Signature) <b>MD</b> (Degree or title)	22b. ADDRESS <b>535 Agate Blvd Kansas City 6 mo</b>	22c. DATE SIGNED <b>3-1-60</b>
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
--	----------------------------	---	---

24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-2-60</b>	26. REGISTRAR'S SIGNATURE <b>Deva Minchall</b>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Carl R. Ferris**

MAR 22 1960

MAR 11 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. 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.