

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40939**  
**5508**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>26 YEARS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>4438 TRACY AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4438 TRACY AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>4438 TRACY AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>LEEMAN</u> c. (Last) <u>RAMSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER-26-1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 31, 1908</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARRIER-CONTRACT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY STAR</u>	11. BIRTHPLACE (State or foreign country) <u>UNION TOWN, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HENRY RAMSEY</u>	13b. MOTHER'S MAIDEN NAME <u>CORA STEINBROOK</u>	14. NAME OF HUSBAND OR WIFE <u>JESSIE C. RAMSEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. JESSIE C. RAMSEY</u> ADDRESS <u>4438 TRACY AVE. KANSAS CITY, MO.</u>
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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) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u>		
	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 checked="" type="checkbox"/> NO <input 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) m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>GEO. C. Kealhofer</u> (Degree or title) <u>Dr. Geo. C. Kealhofer, M.D., State Health Commissioner</u>	23b. ADDRESS <u>1050 Broadway St. St. Louis</u>	23c. DATE SIGNED <u>12-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-29-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

*Robert C. Herron*

working under my personal supervision.

Student Embalmer No.....*394*.....

Signed.....*Robert C. Herron*.....  
Student Embalmer

Signed.....*John C. Fraking*.....  
Licensed Embalmer No.....*4483*.....

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 this body is not embalmed, fact should be so stated above.