

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6676

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, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		Length of stay in lb <u>45 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>8028 BELLEVIEW</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George W.</u> Middle <u></u> Last <u>RAMSEY</u>			4. DATE OF DEATH <u>Feb. 8, 1957</u> Month <u>Feb.</u> Day <u>8</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 19, 1887</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Campbellsville, Kentucky</u>		11. BIRTHPLACE (City and state or country) <u>Campbellsville, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>JAMES A. RAMSEY</u>		
14. MOTHER'S MAIDEN NAME <u>SARA ALICE SAUNDERS</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI NAVY</u>		
16. SOCIAL SECURITY NO. <u>487-03-3301-A</u>		17. INFORMANT <u>MRS BEULAH RAMSEY</u> Address <u>8028 BELLEVIEW K.C. MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> about <u>18 hours</u> DUE TO (b) <u>Acute dilatation of heart</u> DUE TO (c) <u>following Cholecystectomy - gallstones</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>58 1/2</u>
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"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.		
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 <u>Jan. 2 - 1957</u> to <u>Feb. 8 - 1957</u> and last saw <sup>her</sup> <u>him</u> alive on <u>Feb. 8 - 1957</u> ✓ Death occurred at <u>8:40 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A. B. Boyer</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>5529 Tiout K.C. Mo.</u>		22c. DATE SIGNED <u>Feb. 9, 1957</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB. 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ODD Fellow CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MISSOURI</u>		
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERSON'S</u> ADDRESS <u>1331 K.C. Mo. BASH CREEK BLVD</u>		25. DATE RECD. BY LOCAL REG. <u>2-11-57</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use army standard nomenclature for diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

7414.2233

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 *Raymond M. Hardy*

Licensed Embalmer No. *43*

P. O. Address *Indep.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.