

FILED MAY 20 1957

STANDARD CERTIFICATE OF DEATH

17305

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2004

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2005 Park			Length of stay in 1b 40 years		d. STREET ADDRESS (If outside, give location) 2005 Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Lelia None Ramsey				4. DATE OF DEATH Month Day Year April 27 1957					
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 14 1885		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Rolla, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE William Ramsey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, and dates) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. V.M. Franklin, K. C. Mo			Address	
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>Myocardial Regurgitation</u>							INTERVAL BETWEEN ONSET AND DEATH 2, 410X		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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 <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 Jackson		COUNTY Mo.		STATE	
21. I attended the deceased from 1/26/57 to 4/27/57 and last saw him alive on 4/15/57 Death occurred at 2005 Park on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE No [Signature] (Degree or title)					22b. ADDRESS 1612 e 12		22c. DATE SIGNED 4/27/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-28-57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Springfield, Mo			
24. FUNERAL DIRECTOR H.V. Smith, Mortuary, Springfield, Mo				25. DATE RECD. BY LOCAL REG. 4-27-57		26. REGISTRAR'S SIGNATURE Neva Minshall			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L.W. TUTTLE

(Licensee's Statement on Reverse Side)

VP 2

JUN 18 1957

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 *John R. Bidmo*

Licensed Embalmer No. *453*
P. O. Address *Kansas City*

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.