

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-019747

FILED VS. JUN 7 1960

146 Primary Registration District No. 3026

278 Registrar's No.

STATE FILE NUMBER

INDEXED

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| 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 INDEPENDENCE | Length of stay in 1b 1 month | c. CITY OR TOWN INDEPENDENCE | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 15210 Mayes Road | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 15210 MAYES ROAD |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First CORLIE Middle MAY Last RAMSEY | 4. DATE OF DEATH Month MAY Day 31 Year 1960 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-5-1891 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Self-Employed | 11. BIRTHPLACE (City and state or country) North Carolina | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME TOMMY RAMSEY | 13b. MOTHER'S MAIDEN NAME MARY ANN CODY | 14. NAME OF HUSBAND OR WIFE DECEASED |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | 16. SOCIAL SECURITY NO. 431-34-3976 | 17. INFORMANT DOY RAMSEY, 15210 Mayes Rd., Indep., Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of left lung | INTERVAL BETWEEN ONSET AND DEATH 1 yr |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour 2:30 p.m. Month, Day, Year | |
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| 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 INDEP MO | COUNTY | STATE |
|--|--|---|--------|-------|

21. I attended the deceased from **2-20-60** to **5-31-60** and last saw her/him alive on **5-27-60**
Death occurred at **2:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Doy Ramsey DO (Degree or title) | 22b. ADDRESS Indep Mo | 22c. DATE SIGNED 5/31/60 |
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|---|-----------------------------|------------------------------------|---|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 5-31-60 | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) CLARKSVILLE, ARKANSAS | (State) |
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| 24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 5-31-60 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 F. Loe

Licensed Embalmer No. 4266
P. O. Address Independence, 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.