

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5053-61-037275  
STATE FILE NUMBER

AMENDED

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>JACKSON</u>
Length of stay in 1b <u>22 yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY, 25</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>437 Skiles</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>MARY</u>	Middle <u>ALICE</u>	Last <u>WHITE</u>	Month <u>10</u>	Day <u>9</u>
Year <u>1961</u>	Year <u>1961</u>			
5. SEX <u>Female</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>3-4-1901</u>	9. AGE (last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>Gardner, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Newton G. Ramey</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Green</u>		14. NAME OF HUSBAND OR WIFE <u>Richard W.</u>
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.	17. INFORMANT <u>Chester White - 3444 E. 63rd.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cerebral Encephalomalacia</u>		<u>2 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>Cerebral-vascular Hemorrhage</u>	<u>3 months</u>
	DUE TO (c)	<u>General arteriosclerotic Disease</u>	<u>6 months</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Right-sided Hemiplegia -</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>          </u> a.m. / p.m. Month, Day, Year <u>          </u>	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 4-17-1961 to 10-9-1961 and last saw her alive on 10-8-1961  
Death occurred at 6 a -m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Graham Asher M.D.</u>	22b. ADDRESS <u>1220 Professional Bldg Kansas City 6-200</u>	22c. DATE SIGNED <u>10-10-1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-11-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>
23d. LOCATION (City, town, or county) <u>Raytown 33, Missouri</u>	24. FUNERAL DIRECTOR <u>C.H. Blackman &amp; Son Inc. K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-10-61</u>
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

(Licensed-Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF THIS RECORD FILE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Graham Asher

ITEM NO. SHOULD READ

Prof. Blay



**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 W. C. Rine

Licensed Embalmer No. 4879

P. O. Address K.C. 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.