

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6418

State File No. _____

Registrar's No. 123

FILED MAR 24 1941
Registration District No. 3007

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
POPLAR BLUFF HOSPITAL (S)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town POPLAR BLUFF 7
(If outside city or town limits, write "RURAL")
(d) Street No. 819 No. C Street 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME MAUD ETHEL RAMSEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 9
year 1940 hour 5 minute 10 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
ARTHUR RAMSAY alive _____ years
7. Birth date of deceased SEPT 2, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-6, 1941, to 3-9, 1941;
that I last saw her alive on 3-9, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months 6 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Surgical shock delayed
Cholecystectomy
Due to _____
Due to _____

9. Birthplace BUTLER Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES GLADSON
13. Birthplace ILL
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name REBECCA FADON
15. Birthplace ILL
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Ramsey
(b) Address 819 No. C St Poplar Bluff Mo.

17. (a) BURIAL (b) Date thereof MAR 11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN C.E.M.

18. (a) Signature of funeral director K.J. Phelps
(b) Address Poplar Bluff Mo.

19. (a) 3/13/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Porter (M. D. or other) 1
Address Poplar Bluff, Mo Date signed 3-12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 5-17-39
I 11851

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *M. T. Phelps*

Licensed Embalmer No. *3231*

P. O. Address *Paplar Bluffs*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6418

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3009

Registrar's No. 123

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Maud Ethel Ramsey

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F

5. Color of race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased Sept 2 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>02</u>	<u>6</u>	<u>7</u>
	min.			

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5/2/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years

20. DATE OF DEATH: Month Mar day 9
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature C. H. Paster (M. D. or other)
Address Paplar Bluff, Mo Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S(2)-6418

UNITED STATES DEPARTMENT OF JUSTICE

NOV 1957

RECEIVED

NOV 1957

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FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

6418 Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89 (b) Township Primary Registration District No. 300.7 (c) City Paplar Bluff (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Maud Ethel Ramsey (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1941 22. I HEREBY CERTIFY, That I attended deceased from to, 19. I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at. m. The principal cause of death and related causes of importance were as follows: Surgical shock delayed Date of onset Cholecystectomy Chronic cholecystitis with cholelithiasis Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED 19. Local Registrar.

Name of operation 126 Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. H. Porter M. D. (Address) 315 Oak St Paplar Bluff, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

SUPPLEMENTARY

H. Porter (M.D.) Paplar Bluff Mo

S(2)-6418