

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42480

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 mos.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kristal Hogan Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Washington Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Herman Lloyd Ramsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-48</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>Nov 18, 1922</u>	
				9. AGE (In years last birthday) <u>26</u>	
				11. BIRTHPLACE (State or foreign country) <u>Dallas Texas</u>	
				12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>H. D. Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hamlett Syble Ramsey</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO. <u>552-28-9843</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Syble Ramsey, West Plains Mo.</u>	
(If yes, give war or dates of service)				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>				<u>5 days</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>stab wound of abdomen</u> DUE TO (c) <u>6903.0 20 786W 18</u>				<u>10 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>12/20/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Laceration of omentum with intestinum protruding</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT? (Specify) <u>?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pt. stated he fell on knife</u>			

22. I hereby certify that I attended the deceased from 12-20, 1948, to 12-31, 1948, that I last saw the deceased alive on 12-31, 1948, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Callahan M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>1-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.R.</u>		24b. DATE <u>1-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dallas Texas</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>2-1-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson's West Plains Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 20 1950

FEB 1 1950

FEB 10 1950

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.

Signed _____

A. D. Roberts

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3437

P. O. Address _____

West Plains 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 this body is not embalmed, fact should be so stated above.

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. Feb

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Haskell</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before adjustment) a. STATE <u>MO</u> b. COUNTY <u>Haskell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Washington Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>			

3. NAME OF DECEASED. (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Ramsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-48</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>11-18-22</u>	9. AGE (In years last birthday) <u>26</u>	10. TIME OF DEATH (Month) (Day) (Hour) (Min.) <u>2:00 PM</u>
10a. USUAL OCCUPATION (Give kind of work done and most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dallas Texas</u>	
13a. FATHER'S NAME <u>W. D. Ramsey</u>			13b. MOTHER'S MAIDEN NAME <u>May Hamlett</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Lloyd Ramsey</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 da.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Septicemia</u>		DUE TO (a) <u>stab wound of abdomen 10 da</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) existing and underlying cause last.</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION <u>12-21-48</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Haskell MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pt. stated he fell on knife</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. F. Callahan M.D.</u>		23b. ADDRESS <u>West Plains, MO</u>		23c. DATE SIGNED <u>1-5-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) <u>Dallas Texas</u>	

DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	
				ADDRESS <u>West Plains</u>	

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

SUPPLEMENTAL

S-42480

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