No. 300
10.48

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9249

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (In this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 West Commercial St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
d. STREET ADDRESS (If rural, give location): 404 West Commercial St.

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Elizabeth
c. (Last): Ramage

4. DATE OF DEATH (Month) (Day) (Year): Mar 5, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20, 1878
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 15 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Livingston Co., Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ben Franklin West
13b. MOTHER'S MAIDEN NAME: Hallie Mae (Last N.K.)
14. NAME OF HUSBAND OR WIFE: Cade Ramage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None Known
17. INFORMANT'S SIGNATURE OR NAME: Miss Eunice Ramage, Charleston, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Renal disease c̄ Hypert — D.L.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility 142X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/2, 1949, *to* 3/5, 1949, *that I last saw the deceased alive on* 3/5, 1949, *and that death occurred at* 11:14P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. Thos. Kalwing (Degree or title): M.D.
23b. ADDRESS: Charleston, Missouri
23c. DATE SIGNED: 3/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-8-1949
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: Mar. 26-49
REGISTRAR'S SIGNATURE: Mrs. John Bondurant
25. FUNERAL DIRECTOR'S SIGNATURE: Joe R. Nunnelee
ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 349-823
Date Filed 3-29-4

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 John F. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, Me.

Signed .....
Student Embalmer

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.