

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5570 State File No. 20012

155 156

2001

Registrar's No. 275

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JOPLIN <small>Toplin Township</small>)		c. LENGTH OF STAY (In this place) 6 YRS	
c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) JOPLIN RFD # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN RFD # 2			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAME	b. (Middle) PATTON	c. (Last) RAMEY	(Month) JUNE	(Day) 16	(Year) 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 9 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (State or foreign country) VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN RAMEY	13b. MOTHER'S MAIDEN NAME LUCY HALL	14. NAME OF HUSBAND OR WIFE GEORGIA RAMEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 55346-8468	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGIA RAMEY JOPLIN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR		INTERVAL BETWEEN ONSET AND DEATH 443X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DISEASE OF CARDIAC		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **15 MAR. 1949**, to **15 JUNE 1949**, that I last saw the deceased alive on **14 JUNE 1949**, and that death occurred at **5:28 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Douglas M.D.	23b. ADDRESS 218 Emco Bldg. Joplin, Mo.	23c. DATE SIGNED 6-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BUR. AT	24b. DATE JUNE 18 1949	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM. PK.
24d. LOCATION (City, town, or county) (State) JOPLIN MO.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURL BUT-GLOVER JOPLIN	
DATE REC'D. BY LOCAL REG. 6-18-49	REGISTRAR'S SIGNATURE	

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

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RECEIVED 6-20-49
Jasper County Health Office

County File Number 49-6-480
Date Filed 6-20-49

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 _____

Pat Hale

Student Embalmer No. 317

working under my personal supervision.

Signed *Pat G. Hale*
Student Embalmer

Signed *Oslo Glover*
Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.