

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22297

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY OR TOWN <b>Puxico</b>		c. CITY OR TOWN <b>Puxico</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Vina</b>	b. (Middle)	c. (Last) <b>Ramsey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 1 49</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ridgeway Illinois</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Henry Casey</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Minor</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>George Casey Puxico Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Stomach &amp; intestines</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 6, 1947, to 6-1, 1949, that I last saw the deceased alive on 5-31, 1949, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>V. H. Skilling D.D.P.</b>	23b. ADDRESS <b>Puxico Mo.</b>	23c. DATE SIGNED <b>6-2-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 5th</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Duck Creek</b>	24d. LOCATION (City, town, or county) (State) <b>Duck Creek T.S.</b>
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DATE REC'D BY LOCAL REG. <b>6-3-49</b>	REGISTRAR'S SIGNATURE <b>Flora M...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Service</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office: N

District File Number 749-7

Date Filed JUL 6 19

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 .....  
Student Embalmer

Signed B J Brentlinger  
Licensed Embalmer No. 4201

P. O. Address Dexter, 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.