

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22517

State File No. ....

FILED AUG 5 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112A Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY OR TOWN <u>RURAL SCOPUS TWP</u>		c. CITY OR TOWN <u>RURAL SCOPUS TWP</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR MARBLE HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>EMMA</u>	b. (Middle) <u>BERNICE</u>	c. (Last) <u>RAMSEY</u>	<u>July 20 1949</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOW</u>	8. DATE OF BIRTH <u>MAY 5, 1869</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWF.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOHN BAILEY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAGGIE G. BARKS</u>	
				ADDRESS <u>MARBLE HILL</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		DUE TO (b) <u>Carcinoma of breast</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 (c) <u>with metastasis to lung</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>170x</u>	

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 \_\_\_\_\_, 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 <u>John J. Myers MD</u> (Degree or title)		23b. ADDRESS <u>Intertville Mo</u>		23c. DATE SIGNED <u>7/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>INTERTVILLE Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>INTERTVILLE</u>			
DATE REC'D BY LOCAL REG. <u>July 27, 1949</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>			

RECEIVED

8-2-49

District Health Officer No. 4

District File Number 849-1040

Date Filed \_\_\_\_\_

AUG 5 1949

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 J. E. Graham

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Luttrell, W.

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.