

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27470BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>211</u>	

3. NAME OF DECEASED (Type or Print) <u>EDWARD JAMES RAMSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4th 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 5 - 1885</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>A.M.E. METHODIST</u>	11. BIRTHPLACE (State or foreign country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>ALFRED RAMSEY</u>	13b. MOTHER'S MAIDEN NAME <u>DORA SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>ROSA L. RAMSEY</u>
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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa L. Ramsey, Paris, Mo.</u>

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* <u>Coronary Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Plus 1498</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>155X</u>

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) <u>Paris, Monroe, 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 _____

22. I hereby certify that I attended the deceased from Aug. 1949 to Sept. 4, 1949, that I last saw the deceased alive on Sept. 4, 1949, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Elbert Baker M.D.</u>	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>9/6/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>
		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>

DATE REC'D BY LOCAL REG. <u>9-7-1949</u>	REGISTRAR'S SIGNATURE <u>Elbert Baker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed & Blakey Paris, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

9200

SEP 22 1949

RECEIVED SEP 12 1949
District Health Officer No. 10
District File Number 9-49-1
Date Filed SEP 12 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.

Student _____
Student Embalmer

Signed E. H. Rignaut

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.