

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28453

State File No.

318

7468

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Frankfort</u>		<u>911</u> <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>n R</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Waters</u>		c. (Last) <u>Ramsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 27 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 20, 1877</u>	
9. AGE (In years less birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Franklin Co., Ill.</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>A.B. Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Parrish</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary 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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laverne Ramsey, West Frankfort, Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Leakage at duodenal-enterostomy</u> <u>2. Pulmonary Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Resection of 3d portion of duodenum because of adenocarcinoma arising</u> DUE TO (c) <u>in heterotopic pancreatic tissue in the wall.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND 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) <u>469</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>154X</u>			
22. I hereby certify that I attended the deceased from <u>July 29</u> , 19 <u>49</u> , to <u>Aug 27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug. 27</u> , 19 <u>49</u> , and that death occurred at <u>9:50P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank R Bradley M.D.</u>				23b. ADDRESS <u>Barnes Hospital,</u>		23c. DATE SIGNED <u>8-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Denning</u>		24d. LOCATION (City, town, or county) (State) <u>West Frankfort, Ill.</u>	
DATE REC'D BY LOCAL REG. OFFICE <u>AUG 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>			

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

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

Elmo R. Palmer

Licensed Embalmer No. 4077

P. O. Address.....

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.