

FILED NOV 28 1949

State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5460</u>		Registrar's No. <u>1024</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY OR TOWN <u>Rogersville</u>		c. LENGTH OF STAY (in this place) <u>Life time</u>		c. CITY OR TOWN <u>Rogersville</u>		39		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2 Rogersville,</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2, Rogersville,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>W</u> c. (Last) <u>Ramsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 22, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 13, 1870</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Greene Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Ramsey</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Julian</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Helen Hopper, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis of arteries</u> DUE TO (c) <u>angina pectoris</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>  <u>4202</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>					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) (Min.)		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 <u>17<sup>th</sup> 44</u> , 19 <u>44</u> , to <u>Aug 1<sup>st</sup></u> , 19 <u>45</u> , that I last saw the deceased alive on <u>Aug 1</u> , 19 <u>49</u> , and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. R. Feithing M.D.</u>				23b. ADDRESS <u>Ozark Mo</u>		23c. DATE SIGNED <u>Nov 23-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>NOV 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-25-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Haudley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schreyer</u>		ADDRESS <u>Springfield, Mo</u>		

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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 Bernard F. Wright

Signed.....  
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.