

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3565

FILED JAN 20 1950

BIRTH MO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6117A Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>	
c. LENGTH OF STAY (in this place) <u>22 YES</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>AT HOME</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>CHARLES</u>	b. (Middle) <u>MILTON</u>	c. (Last) <u>RAMSEY</u>	<u>JAN 8 1950</u>		

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>AUG 22, 1974</u>	9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>BENJAMIN RAMSEY</u>	13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>	14. NAME OF HUSBAND OR WIFE <u>HOLLIE WEATHERFOOD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>DON'T KNOW</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harley Ramsey</u>	ADDRESS <u>1029A Frayst St R 4, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> (approx.)
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4221</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 18, 1946, to Jan 8, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Denton Wilson, D.O.</u>	23b. ADDRESS <u>Loupfelt, Mo.</u>	23c. DATE SIGNED <u>Jan 10, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>oakdale</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR COMMERCE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-11-50</u>	REGISTRAR'S SIGNATURE <u>B. T. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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RECEIVED JAN 13

District Health Office

District File Number 150-

Date Filed _____

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 Oliver Clum

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.