

6188
6-1887 Registrar's No. 65

BIRTH NO.		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6-1887		Registrar's No. 65		
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Adair Creek Mo</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Adair Creek</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural - Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Ramey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-50</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-1-1882</u>		
9. AGE (In years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Repair</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Co Tenn.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>William Ramey</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 <u>William Ramey</u> ADDRESS <u>Adair Creek 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>49 2/3</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Sept 6</u> , 1950, to <u>Sept 6</u> , 1950, that I last saw the deceased <u>dead</u> on <u>7-6</u> , 1950 and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Harry Foreyth Curran</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Branson Mo</u>		23c. DATE SIGNED <u>9-6-50</u>		
24a. BURIAL, CREMATION REMOVAL <u>Burial</u>		24b. DATE <u>9-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cable Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Creek - Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 16 - 1950</u>		REGISTRAR'S SIGNATURE <u>J. E. Cogswell</u>		376 25. FUNERAL DIRECTOR'S SIGNATURE <u>Foreyth & Home</u>		ADDRESS <u>Branson Mo</u>		

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 18 1950

Dist. File 950-1939

Date Filed 9-23-50

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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Farmington 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.