

No. 300
10-48

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9174

Ramsey
350
1

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville	
c. LENGTH OF STAY (In this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Watson	c. (Last) Mansell
4. DATE OF DEATH (Month) (Day) (Year) Mar 16, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14, 1861
9. AGE (In years last birthday) 89	# UNDER 1 YEAR 10	YEAR 2	# UNDER 2 HRS. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (State or foreign country) Brockville Ont. Canada
12. CITIZEN OF WHAT COUNTRY? U. S. A			
13a. FATHER'S NAME Eli Mansell		13b. MOTHER'S MAIDEN NAME Abigal Hunt	
14. NAME OF HUSBAND OR WIFE Aggie Sampson, Marionville			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Aggie Sampson, Marionville, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 15 years	
ANTECEDENT CAUSES Arteriosclerosis		25 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		4500	
II. OTHER SIGNIFICANT CONDITIONS Bronchopneumonia		8-12 hours	
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)			
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 Sept. 1 1950 , to March 16, 1951 , that I last saw the deceased alive on March 16, 1951 , and that death occurred at 10:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) O. W. Ramsey, M.D.		23b. ADDRESS Marionville, Mo.	
23c. DATE SIGNED 3-16-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 18, 51	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Marionville, Mo.	
DATE REC'D BY LOCAL REG. Mar. 16-51		REGISTRAR'S SIGNATURE Ora Mc Nett	
25. FUNERAL DIRECTOR'S SIGNATURE J. B. Hurdridge		ADDRESS Marionville Mo	

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

DIVISION OF HEALTH CONTROL
District No. 5 - Springfield

RECEIVED (MAR 20 1951

Dist. File 351-598

Date Filed 3-22-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville, 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.