

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13234

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Cambria</u>		1610	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Jabenein Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>A.</u> c. (Last) <u>RAMSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 7, 1870</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>A. D. Ramsey</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Shoemaker</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Buren 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>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carlos Ramsey, New Cambria, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>8 hrs</u> <u>?</u> <u>about 2 years</u>
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) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		331X	
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 <u>3/17/51</u> , to <u>3/30, 1951</u> , that I last saw the deceased alive on <u>3/30, 1951</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Durdan</u> (Degree or title)				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>4/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/23/51</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> 195		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. F. Gilleland New Cambria Mo</u>			

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

RECEIVED
MADISON COUNTY HEALTH DEPARTMENT
1-30-51
County File No. 5551-71
Date Filed 2-1-51

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 *H. F. Gilliland*

Licensed Embalmer No. *4019*

P. O. Address *New Cambria Md*

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.