

FILED JUN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20969

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 3053 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	
c. LENGTH OF STAY (in this place) <b>7 months</b>		d. STREET ADDRESS (If rural, give location) <b>C</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>English</b> c. (Last) <b>RAMSEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 10, 1877</b>
9. AGE (in years last birthday) <b>73</b>	10. MONTHS <b>10</b>	11. DAYS <b>7</b>	12. HOURS & MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Hannibal, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Maurice English</b>	
13b. MOTHER'S MAIDEN NAME <b>Amanda Eliza</b>		14. NAME OF HUSBAND OR WIFE <b>Frank W. Ramsey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Loyd W. Ramsey 1802 N. Elm Rolla, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decompensated Heart Disease</b> DUE TO (c) <b>Arteriosclerosis generalis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4.5.00</b>	
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 <u>Oct</u> , 19 <u>49</u> , to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>17 June 1951</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Mary V. Eversist M.D.</b>		23b. ADDRESS <b>Rolla, Mo</b>	
23c. DATE SIGNED <b>21 June 1951</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>June 20, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1100 Elm Street Rolla, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 21, 1951</b>		REGISTRAR'S SIGNATURE <b>Nadine S. Stoll</b>	

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

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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 \_\_\_\_\_

*Jerry D. Coane*

working under my personal supervision.

Student Embalmer No. *382*

Signed *Jerry D. Coane*  
Student Embalmer

Signed *J. H. Hollan*  
Licensed Embalmer No. *3643*

P. O. Address *Rolla, Missouri*

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.