

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29224

FILED AUG 17 1951

BIRTH NO. REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 3073 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Town Chaffee		c. CITY (If outside corporate limits, write RURAL and give township) Chaffee / 1001	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) Frisco St. No. #	
d. FULL NAME OF HOSPITAL OR INSTITUTION Friscot St. No. #		e. STREET ADDRESS (If rural, give location) Frisco St. No. #	

3. NAME OF DECEASED (Type or Print) Walter Earnest Ramsey	a. (First) Walter	b. (Middle) Earnest	c. (Last) Ramsey	4. DATE OF DEATH (Month) (Day) (Year) 8-6-1951
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 930-1884	9. AGE (In years) (Last birthday) Months Days Hours Min. 66 10 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Tilsit Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME J. W. Ramsey	13b. MOTHER'S MAIDEN NAME Katheriene Sanders	14. NAME OF HUSBAND OR WIFE Beulah Ramsey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Beulah Ramsey	ADDRESS Chaffee Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 or 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio sclerosis		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 2, 1949** to **Aug 5, 1951**, that I last saw the deceased alive on **July 27, 1951** and that death occurred at **F.P. Mo.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Davault M.D.	23b. ADDRESS Delta Mo.	23c. DATE SIGNED Aug. 8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-1951	24c. NAME OF CEMETERY OR CREMATORY Union Park Cem.	24d. LOCATION (City, town, or county) (State) Chaffee Mo.
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DATE REC'D BY LOCAL REG. Aug 13-1951	REGISTRAR'S SIGNATURE Mrs. Paul Beegley	25. FUNERAL DIRECTOR'S SIGNATURE Chaffee Mo.	ADDRESS Chaffee Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 851-180

MAR 27 1958

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
Student Embalmer

Signed *C. J. Lorberg*
Student Embalmer No. _____
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau, 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.