

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31234

State File No.

FILED SEP 19 1951

BIRTH NO. 724 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massaw</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre, Mo.</u> c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Flat River, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>Elzetta</u> c. (Last) <u>Ramsay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 2-1885</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>0</u> DAYS <u>8</u> HOURS <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Graniteville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Mr. Samuel J. Schreiner</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Flora A. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. S. H. Ramsay</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. S. H. Ramsay (Husband)</u> ADDRESS <u>Flat River, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Lung</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of left breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 5, 1951, to 9:50, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Taylor, M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>9-12-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alonius W. Hood</u> ADDRESS <u>303 Crane St. Flat River, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

941

RECEIVED
SEP 17 1951
DISTRICT HEALTH OFFICE No. 1
113 No.

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 Alvin W. Hood

Licensed Embalmer No. 2780.

P. O. Address 303 Crane St. St. Paul, Minn.

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.