

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u> Registrar's No. <u>468</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville, Mo</u>		2120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Monroe</u>		b. (Middle) _____		c. (Last) <u>Ramsey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 1951</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 28 1875</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Dixon Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James K.P. Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Milinda Crisman</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ramsey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Ramsey</u>		ADDRESS <u>Naylor, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH _____		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cerebrovascular Disease</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.	
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) <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11</u> m.		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>11/1/51</u> , 19 <u>51</u> , to <u>11/3/51</u> , that I last saw the deceased alive on <u>11/3</u> , 19 <u>51</u> , and that death occurred at <u>7</u> A. m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Johnson</u> (Degree or title) <u>MD</u>		23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	
24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Butler, Mo</u>		DATE REC'D BY LOCAL REG. <u>Nov 8/1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 422	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home</u>		ADDRESS <u>Naylor, Mo</u>			

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

RECEIVED

NOV 14 1951

BUTLER CO. HEALTH CENTER

FILE No. 1151-507

JAN 27 1961

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 Bryan Mc Cord

Licensed Embalmer No. 4079

P. O. Address Wayland

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.