

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34163
Registrar's No. 67

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4263

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NOVELTY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty	
c. LENGTH OF STAY (In this place) 1957		d. STREET ADDRESS (If rural, give location) 0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Novelty Mo			

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTENA ELIZABETH b. (Middle) RAMSEY c. (Last) RAMSEY			4. DATE OF DEATH (Month) (Day) (Year) Oct-31-1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-13-1975	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 8 Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY Postmaster		11. BIRTHPLACE (State or foreign country) Hurdland, Mo	
13a. FATHER'S NAME Edward S Roseberry			13b. MOTHER'S MAIDEN NAME Mary Jane Funk		14. NAME OF HUSBAND OR WIFE Evert A Ramsey Mo

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. no		17. INFORMANT'S SIGNATURE OR NAME Ruther L Ramsey, Laplata 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident		INTERVAL BETWEEN ONSET AND DEATH few minutes	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis		years	
		DUE TO (c) Cardiovascular renal.		years	
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 4.42 X		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 **June**, 19**57**, to **Oct**, 19**57**, that I last saw the deceased alive on **Oct 31**, 19**57** and that death occurred at **7:45pm**, from the causes and on the date stated above.

23a. SIGNATURE R. Ramsey		23b. ADDRESS Edwards Mo		23c. DATE SIGNED 11-1-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov-2-1957		24c. NAME OF CEMETERY OR CREMATORY Novelty		24d. LOCATION (City, town, or county) (State) Novelty Missouri	
DATE REC'D BY LOCAL REG. Nov. 5-1957		REGISTRAR'S SIGNATURE Neil S. Kursh		25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson Edging			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 11 1957

NOV 16 1957

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

Keith Hudson

Signed.....

Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Miss.

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.