

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38488

State File No. ....

1880

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 2493 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville 0160</u>		d. STREET ADDRESS (If rural, give location) <u>215 E. CLAY ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			
3. NAME OF DECEASED a. (First) <u>ELLA</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Mikel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1951</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-2-1870</u>
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	11. IF UNDER 24 HRS. Hours <u>8</u> Min. <u>23</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 <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>General Grant Ramsey</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Mikel</u>		14. NAME OF HUSBAND OR WIFE <u>Ike Mikel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>1-3251</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Daisy Prager</u>			
ADDRESS <u>Huntsville, Mo</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arterio-sclerosis</u>	
DUE TO (c)		10 yrs	
II. OTHER SIGNIFICANT CONDITIONS		10 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertension</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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>4201</u>	
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>May 1</u> , 19 <u>40</u> , to <u>10/25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/25/51</u> , 19 <u>51</u> , and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>P. V. Dreyer MD</u>		(Degree or title)	23b. ADDRESS <u>Huntsville Mo</u>
23c. DATE SIGNED <u>11/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville Mo</u>
DATE REC'D BY LOCAL REG. <u>11-17-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. D.A. Barthorpe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hopper Funeral Home</u>	ADDRESS <u>Clarence Mo</u>

11-17-51

Date Received: NOV 20 1957  
DISTRICT HEALTH OFFICE  
District File Number 11-51  
Date Filed: NOV 20 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.....  
Student Embalmer

Signed.....

*Louis E. Hopper*

Licensed Embalmer No. 4761

P. O. Address Clarence 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.