No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1952

State File No. 39796

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 284

883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 405 Barrow

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0883
d. STREET ADDRESS (If rural, give location) 405 Barrow

3. NAME OF DECEASED (Type or Print)
a. (First) Josie
b. (Middle) Fern
c. (Last) Briscoe

4. DATE OF DEATH (Month) Dec (Day) 2nd (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Sept. 20th 1897
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months 2 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Book Store
11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Harve Ramsey
13b. MOTHER'S MAIDEN NAME Jane Bowden
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 491-07-1654
17. INFORMANT'S SIGNATURE OR NAME Mrs R.E. Stewart. ADDRESS Des Moines Ia

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Melanoma (Malignant) — 6 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 190X

19a. DATE OF OPERATION 6-3-52
19b. MAJOR FINDINGS OF OPERATION Removal of Rt Arm Melanemona (malignant.
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 15, 1952 *to* Dec 2, 1952, *that I last saw the deceased alive on* Dec 2, 1952 *and that death occurred at* 2:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. H. McCormick D.O.
23b. ADDRESS 300½ Reed St. Moberly Mo
23c. DATE SIGNED Dec 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-4-52
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly, Mo

DATE REC'D BY LOCAL REG. 12-4-52
REGISTRAR'S SIGNATURE 269 [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son, ADDRESS Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1953

MAR 20 1953

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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.