

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17346

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Mo.</u> <u>0190</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, in own home.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>KNIGHT</u>	c. (Last) <u>RAMSEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May, 23, 1953.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>May 6, 1872.</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household duties.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home, Retired.</u>	11. BIRTHPLACE (State or foreign country) <u>Cass County Mo.</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Knight.</u>	13b. MOTHER'S MAIDEN NAME <u>Do not know.</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence A. Ramsey.</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) <u>None.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Ramsey,</u> ADDRESS <u>Drexel, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			IO yrs.

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from May 22 19 53, to May, 23, 1953, that I last saw the deceased alive on May 22, 19 53, and that death occurred at 1:02 p. m., from the causes and on the date stated above.

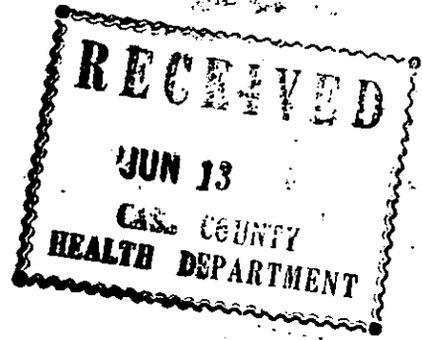
23a. SIGNATURE (Degree or title) <u>Basil H. Hartzel M.D.</u>	23b. ADDRESS <u>Drexel, Missouri.</u>	23c. DATE SIGNED <u>5/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/25/53</u>	REGISTRAR'S SIGNATURE <u>Nora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Drexel, Mo.</u>
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USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

May 7, 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

A large, stylized handwritten signature in dark ink, written over a horizontal line.

Licensed Embalmer No. 1950

P. O. Address *Drexel M*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.