

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32377**

FILED SEP 16 1953

BIRTH NO. **124** REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **5749** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison		
b. CITY (If outside corporate limits, write RURAL and give township) Roselle - Rural		c. LENGTH OF STAY (in this place) 40 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) Roselle Polk Prop. 0620		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Rural Route #3		
3. NAME OF DECEASED a. (First) John		b. (Middle) Alec	c. (Last) Ramsey	4. DATE OF DEATH (Month) (Day) (Year) 9 II 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 10 1855	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Belegrade Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alec Ramsey		13b. MOTHER'S MAIDEN NAME Rebera Tetter		14. NAME OF HUSBAND OR WIFE Eliza Robinson Deceased	
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 ADDRESS Gentry Ramsey Roselle, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration 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. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4221				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 Aug 10, 1953 to Sept 11, 1953 , that I last saw the deceased alive on Sept. 11, 1953 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE J.H. McIntosh M.D.			23b. ADDRESS Ironstone, Mo.		23c. DATE SIGNED Sept. 12/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/14/53	24c. NAME OF CEMETERY OR CREMATORY Granite View Cemetery Roselle, Mo	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 9-12-1953	REGISTRAR'S SIGNATURE Florence Dick	25. FUNERAL DIRECTOR'S SIGNATURE Wauell Funeral Home	ADDRESS Wauell Funeral Home		

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON CO. HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
SEP 16 1958
RECEIVED

FILE No. 953-50

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.....

Licensed Embalmer No.

P. O. Address.....

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.