

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3777

State File No. ....

FILED JAN 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 2

1090

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hickory-Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hickory-Grove</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		TOWN <u>1090</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ralph</u>	b. (Middle) <u>Everett</u>	c. (Last) <u>Ramey</u>	(Month) <u>Jan</u>	(Day) <u>7</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 12 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>					

13a. FATHER'S NAME <u>Frank Ramey</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Schuelze</u>	14. NAME OF DECEASED OR WIFE <u>Emma Ramey</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph J Ramey</u> ADDRESS <u>Wentzville Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 7/7, 1953, to Jan 7, 1954, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 5:18 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Bergeron D.O.</u> (Degree or title)	23b. ADDRESS <u>Wentzville, Mo.</u>	23c. DATE SIGNED <u>1-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 9 1964</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Wright City Missouri</u>

DATE REC'D BY LOCAL REG <u>Jan. 13 '54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Forest W. Hughes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg Furn &amp; Und Co</u> ADDRESS <u>Wright City Mo</u>
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**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 *Howard O. Kusler*.....

Licensed Embalmer No. *4631*.....

P. O. Address *Winterville, N.C.*.....

**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.