

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9692**

FILED MAR 30 1954 REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5997** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Rest Home b. CITY OR TOWN Wilson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
c. LENGTH OF STAY (in this place) 50 years		c. CITY OR TOWN Wilson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Co. Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Mable b. (Middle) c. (Last) Ramsey		4. DATE OF DEATH (Month) (Day) (Year) March 10 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1880
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None	10. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Unknown		12. CITIZEN OF WHAT COUNTRY? 9	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME #####	
14. NAME OF HUSBAND OR WIFE Jim Ramsey		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 Bounty Records	
17. ADDRESS Bounty Records		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES (b) arteriosclerosis & hypertension		DUE TO (b) arteriosclerosis & hypertension	
DUE TO (c) Parkinson's syndrome		DUE TO (c) Parkinson's syndrome	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	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 March 6, 1954 , to March 10, 1954 , that I last saw the deceased alive on March 10, 1954 , and that death occurred at 2-01 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas L. Judd D.O.		23b. ADDRESS Unionville Mo	
23c. DATE SIGNED 3/11/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE March 11-54		24c. NAME OF CEMETERY OR CREMATORY Rose Cemetery	
24d. LOCATION (City, town, or county) (State) Elm township Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Husted & Son	
25. ADDRESS Unionville, Mo.		DATE REC'D BY LOCAL REG. 3-27-54	
REGISTRAR'S SIGNATURE Marcell Durbin		266	

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

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
Signature of Student Embalmer

Signed *F. O. Husted*

Licensed Embalmer No. *297*

P. O. Address *Unionville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.