

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11065

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 88			
1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>KNOX</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. LENGTH OF STAY (in this place) <b>14 MONS</b>		c. CITY OR TOWN <b>HURDLAND</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COMMUNITY NURSING HOME</b>				e. STREET ADDRESS (If rural, give location) <b>0520 / 1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lewis</b>		b. (Middle) <b>PEARL</b>		c. (Last) <b>Rampy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 14 1954</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT 20 1858</b>			
9. AGE (In years last birthday) <b>95</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRANSFER BUSINESS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSFER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ADAMS CO. ILLINOIS</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM RAMPY</b>		13b. MOTHER'S MAIDEN NAME <b>JUNET HUNSAKER</b>		14. NAME OF HUSBAND OR WIFE <b>NANCY COCKRUM</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FANNIE GOLDEN KIRKSVILLE MO</b>					
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) <b>Medically Assisted</b> ANTECEDENT CAUSES DUE TO (b) <b>Pulmonary edema</b> DUE TO (c) <b>Branchial Pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>				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 <b>Feb 13</b> , 19 <b>53</b> , to <b>Apr 14</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Apr 13</b> , 19 <b>54</b> , and that death occurred at <b>7:30 P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>David N. Brune M.D.</b>				23b. ADDRESS <b>Ad 7 Kirksville, MO</b>		23c. DATE SIGNED <b>4-14-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/16 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F</b>		24d. LOCATION (City, town, or county) (State) <b>HURDLAND MO</b>			
DATE REC'D BY LOCAL REG. <b>4-20-54</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert 1-6</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. E. Gentry Hurdland MO</b>					

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 *Geo H. Hasey Jr*.....

Licensed Embalmer No. *375*

P. O. Address *Hurdman*.....

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.