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FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21129

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4638

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI U

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY 8120
c. CITY OR TOWN Marion
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) BERTHA
b. (Middle) (NMI)
c. (Last) RAMSEY

4. DATE OF DEATH (Month) (Day) (Year) MAY 23, 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 3, 1889
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and State or Foreign Country) Williamson Co., Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Hosea Turner
13b. MOTHER'S MAIDEN NAME Melinda Travelsteads
14. NAME OF HUSBAND OR WIFE Charles 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. none
17. INFORMANT'S SIGNATURE OR NAME Charles Ramsey — ADDRESS Marion, Illinois

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrillar Pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of breast — 4 yrs.
DUE TO (c)

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 ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 170X

22. *I hereby certify that I attended the deceased from* 5-23-, 1954, *to* 5-23-, 1954, *that I last saw the deceased alive on* 5-23-, 1954, *and that death occurred at* 6:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE C. P. Vermillion MD (Degree or title) M. D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 5-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-24-54
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) MARION, ILLINOIS

DATE REC'D BY LOCAL REG. MAY 25 1954
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Mitchell Funeral Home — ADDRESS Marion Ill

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O Yphake

Licensed Embalmer No. 3

P. O. Address St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.