

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Brookfield	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bevier	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: Cramer Convelesent Home		e. STREET ADDRESS (If rural, give location) 0616	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) RAMSEY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 5	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Ministry	11. BIRTHPLACE (City and State or Foreign Country) Chariton Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew David Ramsey	13b. MOTHER'S MAIDEN NAME Rebecca Shoemaker	14. NAME OF HUSBAND OR WIFE Jennie Huett Ramsey	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Hulett		ADDRESS Brookfield, Mo.
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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) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			10 yrs
	DUE TO (c) infection of teeth			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/23 to 12/29, 1955, that I last saw the deceased alive on 12/19, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.B. Simpson (Degree or title)	23b. ADDRESS No. Brookfield, Mo.	23c. DATE SIGNED 1-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/1/1956	24c. NAME OF CEMETERY OR EREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Macon Missouri
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DATE REC'D BY LOCAL REG. 1-4-56	REGISTRAR'S SIGNATURE Katharine Hanson	F. FUNERAL DIRECTOR'S SIGNATURE R. L. Bram	ADDRESS Macon, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

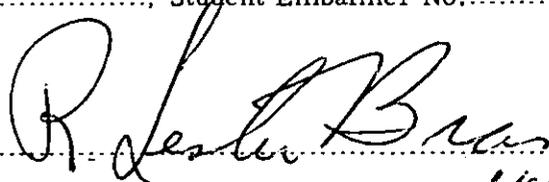
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 44

P. O. Address.....  
Macon

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.