

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9774**
Registrar's No. **83**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5738	
1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Knox		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Plata, Mo (RURAL)		c. LENGTH OF STAY (in this place) 4 1/2 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Novelty		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence of son			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) Andrew c. (Last) Ramsey			4. DATE OF DEATH (Month) (Day) (Year) March 1 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 7, 1867	9. AGE (In years last birthday) 89	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Near Novelty, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Daniel A. Ramsey		13b. MOTHER'S MAIDEN NAME Sarah C. Doll		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Arthur Ramsey ADDRESS La Plata, Mo		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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) 4500			
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 Jan 10 1956 , to March 1 1956 , that I last saw the deceased alive on March 1, 1956 , and that death occurred at 5 a m. , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or type) Harold A. P. P. La Plata Mo.			23b. ADDRESS		23c. DATE SIGNED 3/1/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3 March 1956	24c. NAME OF CEMETERY OR CREMATORY Novelty cemetery	24d. LOCATION (City, town, or county) (State) Novelty, Missouri		
DATE REC'D BY LOCAL REG. 3-10-56	REGISTRAR'S SIGNATURE Ruth M. Neely		25. FUNERAL DIRECTOR'S SIGNATURE A. Ormer ADDRESS Edina Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

185

70 1956

(3)

RECEIVED 9.13.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 35623
Date Filed 9.14.56

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 Mrs J. W. Hudson
Licensed Embalmer No. 2972
P. O. Address Edina Mo.

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.