

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22713**BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **132**

1. PLACE OF DEATH a. COUNTY AUDRAINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) MEXICO	c. LENGTH OF STAY (in this place) 4 WKS	c. CITY OR TOWN STOUTSVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) AUDRAINE HOSPITAL		STREET ADDRESS (If rural, give location) 0690	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) _____ c. (Last) RAMM			4. DATE OF DEATH (Month) (Day) (Year) JULY 7th 1956		
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH NOVEMBER 21-1897	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 7 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PILGER Neb.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Diedrick RAMM		13b. MOTHER'S MAIDEN NAME Margaret Taulsen	14. NAME OF HUSBAND OR WIFE Carolyn RAMM		

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. 497-42-1276	17. INFORMANT'S SIGNATURE OR NAME Marquette Jackson	ADDRESS Stoutsville
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of stomach		2 1/2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 7/15/55	19b. MAJOR FINDINGS OF OPERATION Carcinomatous July 15, 1955	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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Aug 15, 1954** to **July 7, 1956**, that I last saw the deceased alive on **July 6, 1956** and that death occurred at **3 A.** m., from the causes and on the date stated above.

23a. SIGNATURE M. Kallenbach		(Degree or title) M.D.	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED July 9, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-9-56	24c. NAME OF CEMETERY OR CREMATORY ST. JUDES Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City, Missouri	
DATE REC'D BY LOCAL REG. July 9-1956	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson & Sons Monroe City Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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9-0

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Manassas City, Va.

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