

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33374

FILED NOV 8 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5207 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard (Rural) Hill, Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard RFD# Hill, Twp</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>0110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 6 1/2 miles N/W Tina.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CALLIE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>RAMMING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 6th, 1889</u>	9. AGE (In years last birthday) <u>66</u>	10. <u>11</u> MONTHS <u>23</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Henderson Wooden</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Miles</u>	14. NAME OF HUSBAND OR WIFE <u>Ben. G. Ramming.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben G. Ramming,</u> ADDRESS <u>Bogard, Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> 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 <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) (Min)	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 10-29, 1956 to 10-29, 1956, that I last saw the deceased alive on 10-29, 1956, and that death occurred at 12:10 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. W. Matheny 190.</u>	23b. ADDRESS <u>Chelliate, Missouri</u>	23c. DATE SIGNED <u>11/1/1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/2/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Mound, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 2, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Rip Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin, Tina, Missouri</u> ADDRESS
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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
Student Embalmer

Signed.....

Clifford W. Austin
Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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.