

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15508

STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 312 Primary Registration District No. 531 Registrar's No. 1054

Health & Welfare Public Service
300 1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
securing the medical certificate in the same specimen container as the specimen.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u> <u>4376</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7505 Pershing Ave.</u>		Length of stay in lb <u>20 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>7505 Pershing Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Richard</u> Last <u>Ramsey</u>			4. DATE OF DEATH <u>April 20, 1957</u> Month <u>April</u> Day <u>20</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 7, 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Corp. Secy.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jennings - Ramsey</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>20</u> Hours <u>1</u> Min. <u>0</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>West Plain's, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Phipp Ramsey</u>		14. MOTHER'S MAIDEN NAME <u>Kate Adams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-03-9952</u>	
17. INFORMANT (Wife) <u>Mrs Pauline S. Ramsey</u>		Address <u>7505 Pershing Ave</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion, acute</u> <u>(Patient died on my arrival at his home. Coronary notified and he released body.)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary notified and he released body.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
21. I attended the deceased from <u>Jan 8, 1957</u> to <u>Apr 20, 57</u> and last saw her/him alive on <u>1/8/57</u> Death occurred at <u>6:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas W. Parker M.D.</u>		22b. ADDRESS <u>4660 Maryland</u> <u>Shrewsbury Mo</u>	22c. DATE SIGNED <u>4/22/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Auto)</u>	23b. DATE <u>4/22/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	23d. LOCATION (City, town, or county) (State) <u>West Plain's Missouri</u>
24. FUNERAL DIRECTOR <u>Alexander & Sons</u> ADDRESS <u>6175 Delmar Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>4-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Donaldson</u>

17.

Dr Tom Parker
4660 Maryland
Fol 6074
9.90 - 12 2-4.

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 *Joseph E. McCulloch*

Licensed Embalmer No. 245

P. O. Address 1175 D...

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.