

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024746
STATE FILE NUMBER

XC-172 46 36
RN-16676

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 457
FILED JUL 24 1958

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY ² OR TOWN HORNERSVILLE <u>0350</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 18 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE ONE
3. NAME OF DECEASED (Type or print) First WILL Middle (NONE) Last RAMSEY			4. DATE OF DEATH Month JULY Day 12, Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-21-91
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	9. AGE (In years last birthday) 67
10a. FATHER'S NAME SAM RAMSEY		10b. MOTHER'S MAIDEN NAME SUSIE BARBER	10. BIRTHPLACE (City and state or country) PARISH, TENNESSEE
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WVI		12. SOCIAL SECURITY NO. UNKNOWN	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. NAME OF HUSBAND OR WIFE MYRTLE RAMSEY		14. NAME OF HUSBAND OR WIFE MYRTLE RAMSEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WVI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Few years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. Benign prostatic hypertrophy p.o. state. 2. 10 days postoperative status with septicemia.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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>June 24, 1958</u> to <u>July 12, 1958</u> Death occurred at <u>12:35 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ROBERT S. COHEN, M.D.,		22b. ADDRESS VAH, POPLAR BLUFF, MISSOURI	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7/13/1958	23c. NAME OF CEMETERY OR CREMATORY Hornersville	23d. LOCATION (City, town, or county) (State) Hornersville MO
24. FUNERAL DIRECTOR W. S. Johnson	ADDRESS Jambers Ark.	25. DATE RECD. BY LOCAL REG. 7/19/58	26. REGISTRAR'S SIGNATURE R. H. Murrell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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37331-1

RECEIVED

JUL 21 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

AUG 19 1958

JAN 7 1958

TO: _____
FROM: _____
DATE: _____
BY: _____
RE: _____

STATE, W91

STATEMENT BY LICENSED EMBALMER

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. 352

P. O. Address _____

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.