

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040567
STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 95

300
1-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carrollton, Mo
c. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Hosp		Length of stay in lb 8 Da	d. STREET ADDRESS (If outside, give location) 907 Woodland
			Reside on Farm (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LAWRENCE MARVIN RAMSEY			4. DATE OF DEATH Month November Day 23 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 Oct. 26, 1931	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	10b. KIND OF BUSINESS OR INDUSTRY Cleaning plant	11. BIRTHPLACE (City and state or country) Wakenda, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Clyde Ramsey	13b. MOTHER'S MAIDEN NAME Bessie Woolston	14. NAME OF HUSBAND OR WIFE Ruby Stark Ramsey
---	---	---

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. none	17. INFORMANT Ruby Ramsey	Address Carrollton, Mo
--	--	-------------------------------------	----------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Bilateral Lobar Pneumonia & Pulmonary fat emboli 3 Cerebral edema 4 Laceration of liver DUE TO (b) 5 Old duodenal ulcers multiple, 6 Fr Left Femur DUE TO (c) 7 Fr Pelvis left, 8 multiple contusion of parson and laceration		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Motor car collision on road 24-58 2 miles west of Dover mo on national Highway no 29
--	---

20c. TIME OF INJURY Hour 11-16-1958 Month, Day, Year a.m. 11-16-1958 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no 24 highway	20f. CITY, TOWN, OR LOCATION Dover	COUNTY Lafayette	STATE Mo
---	---	--	--	----------------------------	--------------------

21. I attended the deceased from death occurred at 24 mi 11-25-58 to never and last saw him alive on 11-19-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Martin MD (Degree or title)	22b. ADDRESS Odesa Mo	22c. DATE SIGNED 11-24-58
---	---------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Carrollton, Mo.
--	------------------------------	---	---

24. FUNERAL DIRECTOR Samuel F. Ferguson	ADDRESS Carrollton, Mo	25. DATE RECD. BY LOCAL REG. 12-1-58	26. REGISTRAR'S SIGNATURE M. E. Eastbrook
---	----------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 12 1958

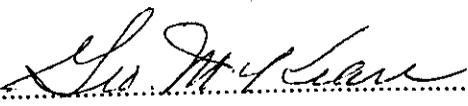
DEC 9 1958

DEC 15 1958

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. 2983
P. O. Address Springfield, Mass

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.