

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 5 7 8

FILED VS DEC 29 1959

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 24 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived or institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Licking</u>		Length of stay in 1b <u>20 months</u>		c. CITY OR TOWN <u>Licking</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				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Licking</u>		
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lillie Mae Ramsey</u>				4. DATE OF DEATH Month Day Year <u>Dec 20, 1959</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-2-1873</u>	9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (City and state or country) <u>Victor Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Osve Hanna</u>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if not unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Lloyd W Ramsey</u>		Address <u>Rolla Mo</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>cardiac + pulmonary arrest</u> DUE TO (b) <u>cachexia + debilitation</u> DUE TO (c) <u>old cerebrovascular accident</u> 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>6 months</u>		
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year								
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>1954</u> to <u>1959</u> and last saw her alive on <u>Dec 19, 1959</u> . Death occurred at <u>5:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>B. G. Myers DO.</u> (Degree or title)				22b. ADDRESS <u>Licking, Mo</u>		22c. DATE SIGNED <u>12-22-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem.</u>		23d. LOCATION (City, town, or county) <u>Licking Mo</u> (State)			
24. FUNERAL DIRECTOR <u>Smith Ferguson</u>		ADDRESS <u>Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 22, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Elmore E. Hesse</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert Ferguson

Licensed Embalmer No. 3945

P. O. Address Living

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.