

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007653

FILED VS MAR 14 1960

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		Length of stay in 1b 20 days	c. CITY OR TOWN Rural Union Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ralph Middle Preston Last Ramsey			4. DATE OF DEATH Month 2 Day 23 Year 1960		
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 2/20/1911	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Armor-man Foreman		10b. KIND OF BUSINESS OR INDUSTRY Civil Service Post Ordinance	11. BIRTHPLACE (City and state or country) Graff, Nebraska	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Ramsey		13b. MOTHER'S MAIDEN NAME Susie Foster		14. NAME OF HUSBAND OR WIFE Alice Ramsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 506-07-7301	17. INFORMANT Address Mrs. Ralph Ramsey, Dixon, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis with Infarction		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 2-3-60
20f. CITY, TOWN, OR LOCATION 2-23-60		COUNTY _____ STATE _____

21. I attended the deceased from **2-3-60** to **2-23-60** and last saw her/him alive on **2-23-60**.
Death occurred at **11:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.O. Smith M.D.	22b. ADDRESS Waynesville Mo	22c. DATE SIGNED 2-24-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/26/1960	23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial Gardens	23d. LOCATION (City, town, or county) (State) Lincoln, Nebraska
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24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Mo.	ADDRESS 2-26-60	25. DATE RECD. BY LOCAL REG. 2-26-60	26. REGISTRAR'S SIGNATURE Eula Mae Anderson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 14 1960

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 Maurice E. Sch...

Licensed Embalmer No. 4504

P. O. Address Dixon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.