

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006253

FILED VS MAR 1 1961

AMENDED

Registration District No. 316 Primary Registration District No. Registrar's No. 67

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre Rt. 2,</b>		Length of stay in lb <b>22yrs.</b>		c. CITY OR TOWN <b>Bonne Terre,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 2, Bonne Terre,</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt. 2,</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>D.</b> Last <b>Ramsey</b>				4. DATE OF DEATH Month <b>February</b> Day <b>17,</b> Year <b>1961</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/7/1900</b>		9. AGE (last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b> Hours <b>5am</b> Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Natural Gas Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Genevieve Co. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <b>George Ramsey</b>				13b. MOTHER'S MAIDEN NAME <b>Viola Rector</b>				14. NAME OF HUSBAND OR WIFE <b>Sarah Irene Ramsey</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address <b>Mrs. John D. Ramsey, Bonne Terre, Mo</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>			
DUE TO (b) <b>Arterio Sclerotic Heart Disease</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			
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 <b>5a</b> 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 <b>Jan 1 - 58</b> to <b>Feb 17 - 61</b> and last saw <sup>her</sup> him alive on <b>Feb 6 - 61</b> Death occurred at <b>5a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>C. H. Appleberry M.D.</b> (Degree or title)						22b. ADDRESS <b>Brunswick, Mo</b>			22c. DATE SIGNED <b>2-19-61</b>				
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/19/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre Cem.,</b>		23d. LOCATION (City, town, or county) <b>Bonne Terre,</b>		STATE <b>Mo.</b>					
24. FUNERAL DIRECTOR'S ADDRESS <b>Sparks Funeral Home, Bonne Terre</b>				25. DATE RECD. BY LOCAL REG. <b>Feb. 18, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>							

**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 *Ewend Sparks*

Licensed Embalmer No. 4287

P. O. Address Home Lane

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.