

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009480

STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 36
 FILED MAR 22 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | |
|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Joachim</u> | | Length of stay in lb <u>DOA</u> | c. CITY OR TOWN <u>Kirkwood</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 <u>Jeff. Mem. Hosp.</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>608 Washington Ave</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Leon</u> Middle <u>Clarence</u> Last <u>Ramsey</u> | | | 4. DATE OF DEATH Month <u>3</u> Day <u>10</u> Year <u>61</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 14 18</u> | 9. AGE (last birthday) <u>43</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Life & Health Ins Advance, Mo</u> | | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Paul T. Ramsey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Stella (Owens) Ramsey</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Betty Ramsey</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u> | | 16. SOCIAL SECURITY NO. <u>W. W. 2</u> | |
| 17. INFORMANT <u>Mrs. Betty Ramsey</u> | | Address <u>609 Sunshine Dr. Festus, 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>Multiple Fractures</u> 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 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Single car accident.</u> | |
| 20c. TIME OF INJURY Hour <u>11:45</u> p.m. Month, Day, Year <u>3-10-61</u> | | 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.) <u>Highway</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Plattin Twp. Jeff. Mo.</u> | | 20g. COUNTY <u>Jeff.</u> | | 20h. STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>Coker's View</u> to <u>her</u> and last saw him alive on <u>11:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____ | | | | | |
| 22a. SIGNATURE (Degree or title) <u>James R. Coker M.D.</u> | | | 22b. ADDRESS <u>Festus Mo.</u> | | 22c. DATE SIGNED <u>3-11-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-13-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Memorial Gardens Festus, Mo.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Vinyard Funeral Home, Inc. Festus, Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>3-13-61</u> | | 26. REGISTRAR'S SIGNATURE <u>James G. Sigler</u> |

MAR 23 1961

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 Donald H. Wingard

Licensed Embalmer No. H608

P. O. Address Jesta, Mo.

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.