

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020813

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 77

FILED JUN 16 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		Length of stay in 1b 14 Yrs	c. CITY OR TOWN Gallatin 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) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Abbie Lowe Ramsbottom			4. DATE OF DEATH Month Day Year June 1 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-1870
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Daviess Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Lowe	
13b. MOTHER'S MAIDEN NAME Martha Ray		14. NAME OF HUSBAND OR WIFE Wm. Ramsbottom (Dec'd)	
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 Address Ruth Ramsbottom, Gallatin, 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) Senile Myocardial and Arterial Regeneration DUE TO (b) Senile Myocardial and Arterial Regeneration DUE TO (c) Senile Myocardial and Arterial Regeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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 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 May 10, 1961 to June 1, 61 and last saw her 5-31-61 alive on 5-31-61		Death occurred at 6:30 A on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Floyd E. Nelson M.D.		22b. ADDRESS Gallatin Mo.	22c. DATE SIGNED 6-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-3-1961	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	23d. LOCATION (City, town, or county) (State) Gallatin, Mo.
24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Gallatin, MO.		25. DATE RECD. BY LOCAL REG. 6-9-1961	26. REGISTRAR'S SIGNATURE Margaret M. Englehart

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 L. O. Dickerson

Licensed Embalmer No. 3302

P. O. Address Dallatin, 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.