

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-045961

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 53
 FILED DEC 28 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. CLAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City Mo.		Length of stay in lb. 5 yrs	c. CITY OR TOWN Appleton City Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Johnathan Stephen Ramalia			4. DATE OF DEATH Month Day Year Dec. 20 - 1961
5. SEX M	6. COLOR OR RACE —	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 9 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min. 7 11
11. BIRTHPLACE (City and state or country) Marengo, Iowa		12. CITIZEN OF WHAT COUNTRY U	
13a. FATHER'S NAME Henry Ramalia		13b. MOTHER'S MAIDEN NAME Margaret Roberts	14. NAME OF HUSBAND OR WIFE Soldie Ramalia
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.	17. INFORMANT Address Soldie Ramalia Appleton City, 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) Coronary Occlusion Sudden Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease CHRONIC DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 checked="" 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 Nov 1954 to now and last saw him alive on Dec. 15, 1961 Death occurred at 3:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. H. Brownbinger MD		22b. ADDRESS Appleton City, Mo.	22c. DATE SIGNED Dec 22 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-23-61	23c. NAME OF CEMETERY OR CREMATORY Snaggrass	23d. LOCATION (City, town, or county) (State) Appleton City, Mo.
24. FUNERAL DIRECTOR ADDRESS Oscar Eckhoff Appleton City, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 23, 1961	26. REGISTRAR'S SIGNATURE Chas. Abney

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 Wason E. Edger

Licensed Embalmer No. 3942

P. O. Address Appleton, Wis.

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.