

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029750

STATE FILE NUMBER

Registration District No. 3381 Primary Registration District No. 6148 Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>PLACE OF DEATH</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>STODDARD</b>		a. STATE <b>MO.</b>	b. COUNTY <b>STODDARD</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CASTOR</b>		Length of stay in 1b <b>YRS.</b>	c. CITY OR TOWN <b>BLOOMFIELD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route # 2</b>
3. <b>NAME OF DECEASED</b> (Type or print)		First <b>LEAH</b> Middle <b>ELIZA</b> Last <b>RAMPLEY</b>	4. <b>DATE OF DEATH</b> Month <b>JULY</b> Day <b>16,</b> Year <b>1962</b>
5. SEX <b>Female</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. <b>DATE OF BIRTH</b> <b>5/30/1874</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> -----	9. <b>AGE</b> (last birthday) <b>88</b>
11. <b>BIRTHPLACE</b> (City and state or country) <b>MASSILON, OHIO</b>		12. <b>CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
13a. <b>FATHER'S NAME</b> <b>JOSEPH STRAUSSER</b>		13b. <b>MOTHER'S MAIDEN NAME</b> <b>MARY ANN SPANGLER</b>	14. <b>NAME OF HUSBAND OR WIFE</b> <b>CHAS. W. RAMPLEY</b>
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		16. <b>SOCIAL SECURITY NO.</b> <b>NONE</b>	17. <b>INFORMANT</b> Address <b>Mrs. Arlie Swindell, Bloomfield Mo. Rt. # 2</b>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. <b>DEATH WAS CAUSED BY:</b>			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>			
DUE TO (b) <b>Degenerative myocarditis</b>			
DUE TO (c) _____			<b>50 Day</b>
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Chronic Arteriosclerosis</b>			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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE	
21. I attended the deceased from <u>Jan 1916</u> to <u>July 1962</u> and last saw her alive on <u>7-15-1962</u> Death occurred at <u>12:00 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <i>S. S. Davis M.D.</i>		22b. <b>ADDRESS</b> <i>Berrie Ave</i>	22c. <b>DATE SIGNED</b> <i>7-18-62</i>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	23b. <b>DATE</b> <b>7-18-1962</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>GEORGE CEMETERY</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>STODDARD CO., MISSOURI</b>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <b>CHILES UND. CO., BLOOMFIELD, MO.</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>7-20-62</b>	26. <b>REGISTRAR'S SIGNATURE</b> <i>David S. Leggett</i>

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,

by Ledu Cooper # 3499 ~~Student Embalmer No.~~

~~working under my personal supervision.~~

~~Student~~

Signature of Student Embalmer

Signed Juan T. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.