No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14839

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 138

10
2
4

1. PLACE OF DEATH

a. COUNTY: BOONE

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA

c. LENGTH OF STAY (in this place): 10 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELLIS FISCHEL STATE CANCER HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: NEWTON 12

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO 13

d. STREET ADDRESS (If rural, give location): 626 W. BROOM ST. 21 1

3. NAME OF DECEASED (Type or Print): a. (First) ALVIE b. (Middle) DEAN c. (Last) RAMEY

4. DATE OF DEATH (Month) (Day) (Year): JUNE 2 – 1949

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: 12-4-15

9. AGE (In years last birthday): 33 — If under 1 year: Months 5, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): TEXAS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: MONROE DICKERSON

13b. MOTHER'S MAIDEN NAME: ALICE REDING

14. NAME OF HUSBAND OR WIFE: HULEN RAMEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.: –

17. INFORMANT'S SIGNATURE OR NAME: Hospital Records — **ADDRESS**: Columbia Mo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: _____

2040

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: _____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 23, 1949, *to* May 6-2, 1949, *that I last saw the deceased alive on* June 2, 1949, *and that death occurred at* 10:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence W. O'Neal M.D.

23b. ADDRESS: Ellis Fischel State Cancer Hosp. Columbia, Mo.

23c. DATE SIGNED: 6/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 4/1949

24c. NAME OF CEMETERY OR CREMATORY: Neosho

24d. LOCATION (City, town, or county) (State): Neosho Mo.

DATE REC'D BY LOCAL REG.: June 2 1949

REGISTRAR'S SIGNATURE: Mrs. R E Palmer 31

25. FUNERAL DIRECTOR'S SIGNATURE: R O Willett L.E. **ADDRESS**: Columbia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JUN 9 1949
Date Filed

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, ~~only~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Lyman H. Shumble

Licensed Embalmer No. 4013

P. O. Address Columbia Sc

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 this body is not embalmed, fact should be so stated above.