

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1950

State File No. **993**

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Birch Tree Rt # 3</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christa Hogan Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alta</b>		b. (Middle) <b>Maeo</b>		c. (Last) <b>Ramsey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 13-1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>May 1-1929</b>		9. AGE (In years last birthday) <b>20</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b> IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Edna, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>W T ramsey</b>			13b. MOTHER'S MAIDEN NAME <b>Alta Lee</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ted Ramsey Birch Tree, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis 10 years</b>  ANTECEDENT CAUSES <b>Rheumatic Fever 10 years</b>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>4/6X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/12/50</u> , 19 <u>  </u> , to <u>1/13/50</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>1/13/50</u> , 19 <u>  </u> , and that death occurred at <u>12noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. Callihan M. D.</b> (Degree or title)				23b. ADDRESS <b>West Plains, Missouri</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montier</b>		24d. LOCATION (City, town, or county) (State) <b>Montier, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-17-50</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook 379</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Duncan Funeral Home Mtn View, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-28  
4510

RECEIVED 1/23/50  
District Health Officer No. 5,  
District File Number 150 62  
Date Filed 1/26/50

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....

*John J. Keenan*  
Licensed Embalmer No. 2516

P. O. Address *17th Street Wm.*

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.