

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15959**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 634	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Meth. Hospital				d. STREET ADDRESS (If rural, give location) Gene Field Road			
3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Marie c. (Last) Ramseier			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1950				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 10, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0 Days 15	IF UNDER 24 HRS. Hours 15 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 (State or foreign country) Burlington, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Brenner			13b. MOTHER'S MAIDEN NAME Christine unknown		14. NAME OF HUSBAND OR WIFE Edward A. Ramseier		
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'S SIGNATURE OR NAME ADDRESS Irwin E. Ramseier, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sanity & pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fract. L. Hip DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. multiple decubiti				INTERVAL BETWEEN ONSET AND DEATH 3 wks 26 da 59030 21 26 da	
19a. DATE OF OPERATION 4-15-50		19b. MAJOR FINDINGS OF OPERATION Fracture L. Hip 131				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. (ACCIDENT) SUICIDE HOMICIDE (Specify) fall		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-11-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? slipped & fell			
22. I hereby certify that I attended the deceased from 4-13, 1950 , to 5-25, 1950 , that I last saw the deceased alive on 5-25, 1950 , and that death occurred at 5:50P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jacob Kulowski M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 5-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/50		24c. NAME OF CEMETERY OR CREMATORY Ashland		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
DATE REC'D BY LOCAL REG. June 1, 1950		REGISTRAR'S SIGNATURE G. E. Jenkins 582		EMERALD DIRECTOR'S SIGNATURE ADDRESS Neaton Brown Funeral - St. Joseph, Mo. Home			

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

*Dr. Kulowski
Carley Bldg.*

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
Student Embalmer

Signed *Eyema Wood*

Licensed Embalmer No. *3904*

P. O. Address *314 5th St. Joseph*

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.