FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32573

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW (RURAL)
c. LENGTH OF STAY (In this place): 4 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Hogles Creek Community~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW (RURAL) ALEXANDER
d. STREET ADDRESS (If rural, give location): 8-M-S-W-Warsaw, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): CARL
c. (Last): RAMAGE

4. DATE OF DEATH (Month) (Day) (Year): Nov 7 1950

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 10, 1879
9. AGE (In years last birthday): 71 — If under 1 year: Months 0, Days 27 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WIRE CHIEF
10b. KIND OF BUSINESS OR INDUSTRY: Western UNION
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: David Ramage
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Margaret Ramage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 487-10-3147
17. INFORMANT'S SIGNATURE OR NAME: Margaret Ramage — ADDRESS: Warsaw

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

ANTECEDENT CAUSES

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

DUE TO (b) Auricular Fibrillation — over 1 1/2 years

DUE TO (c) Arteriosclerotic & Hypertensive C-V-Hs — UNK

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — UNK

19a. DATE OF OPERATION: —
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* 9 Sept, 1948, *to* Nov, 1950, *that I last saw the deceased alive on* Sept, 1950, *and that death occurred at* 5:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: David H Glenn — (Degree or title): MD
23b. ADDRESS: Warsaw Mo
23c. DATE SIGNED: 9 Nov 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10, 1950
24c. NAME OF CEMETERY OR CREMATORY: Hogles Creek
24d. LOCATION (City, town, or county) (State): Benton Co Mo

DATE REC'D BY LOCAL REG.: Nov 10 1950
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John F Rise — ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1951

RECEIVED 11/14/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11/14/50

NOV 16 1950

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 John F Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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