

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8054**
Registrar's No. **267**

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **267**

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, write RURAL and give township) **Springfield**
c. LENGTH OF STAY (in this place) **55 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Veterans Administration Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Oklahoma**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **Tulsa**
d. STREET ADDRESS (If rural, give location) **1232 S. Knoxville**

3. NAME OF DECEASED
a. (First) **Clyde**
b. (Middle) **B.**
c. (Last) **Ramsey**

4. DATE OF DEATH **March 13, 1952**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **July 24, 1880**

9. AGE (In years last birthday) **71**

IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 2 HRS.: Hours _____ Mins. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **UNKNOWN**

11. BIRTHPLACE (State or foreign country) **Ohio**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Oliver Milan Ramsey**

13b. MOTHER'S MAIDEN NAME **Adline Crumline**

14. NAME OF HUSBAND OR WIFE **Madeline Ramsey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes**

(If yes, give war or dates of service) **Spanish-American**

16. SOCIAL SECURITY NO. **441099497**

17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, SPRINGFIELD, MO.** ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Metastatic abscesses of liver (Primary undetermined)**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **1. Acute parenchymatous degeneration of visceral organs.**
2. Pulmonary edema.
DUE TO (c) **3. Pulmonary tuberculosis minimal, right upper lobe.**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **1562 A**

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) _____

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 **January 18, 1952, to March 13, 1952**, and that death occurred at **3:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE **A. J. Bondurant, M.D., Acting Chief, Professional Services** (Degree or title) _____

23b. ADDRESS **VA Hospital, Springfield, Mo.** 23c. DATE SIGNED **Mar 13 52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **March 15, 1952**

24c. NAME OF CEMETERY OR CREMATORY **Unknown**

24d. LOCATION (City, town, or county) (State) **Tulsa, Oklahoma**

DATE REC'D BY LOCAL REG. **3-14-52**

REGISTRAR'S SIGNATURE **James K. Lina, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **Alma Lehmann** ADDRESS **Springfield, Mo.**

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

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James W. Wain*
Licensed Embalmer, No. *4650*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.