

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23777  
State File No. 11

FILED JUL 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>332</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Poplar Bluff</u>		0124	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>        </u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u>			b. (Middle) <u>Ramsey</u>			c. (Last) <u>Ramsey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1952</u>		5. SEX <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 16, 1887</u>		9. AGE (In years last birthday) <u>64</u>		10. MONTH <u>10</u> DAY <u>26</u>		11. BIRTHPLACE (State or foreign country) <u>Baidwell, Kentucky</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tiffany Stand Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>        </u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Ramsey</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Briggs</u>		13c. NAME OF HUSBAND OR WIFE <u>Saddie Fleetwood Ramsey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>        </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Ramsey</u>		17. ADDRESS <u>Poplar Bluff, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>        </u>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>		* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES <u>Mitral Stenosis</u>		DUE TO (b) <u>        </u>		DUE TO (c) <u>        </u>			
II. OTHER SIGNIFICANT CONDITIONS <u>        </u>		Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>        </u>			
19b. MAJOR FINDINGS OF OPERATION <u>        </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>        </u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>        </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>        </u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>        </u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>        </u>					
22. I hereby certify that I attended the deceased from <u>Aug 31, 1951</u> to <u>12 June, 1952</u> , that I last saw the deceased alive on <u>12 June, 1952</u> and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Johnson</u>		(Degree or Title) <u>        </u>		23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>		23c. DATE SIGNED <u>25 June 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlaw Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-7-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>	

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

0124  
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RECEIVED  
JUL 17 1952

BUTLER CO. HEALTH CENTER

FILE No. 752-359

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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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 18th St

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.

Poplar Bluff  
Mo