

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3639

State File No.

FILED FEB 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>471</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gilman</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY OR TOWN <u>Gilman</u>		d. Is Residence (within limits of a city or incorporated town?) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>0970</u>				e. STREET ADDRESS (If rural, give location) <u>0970</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH LADE</u> b. (Middle) <u>RAMSEY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Febry 6 - 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 14 - 1891</u>		9. AGE (in years) last birthday <u>62-7-22</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Class and of work done during most of life, even if retired) <u>Retired Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flowers</u>		11. BIRTHPLACE (City and State or Foreign, Country) <u>Flowers, Mo Co 3</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Richard Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Ramsey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>909-12-054</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Ramsey, Gilman</u>			
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
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>made an autopsy Feb 6 1954</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lawson M. P. Coover, Saline Co. Marshall Mo</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>2-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gilman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gilman Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/9/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Carl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jones, Slater Mo</u>			

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

JUN 14 1954

FED

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
Signature of Student Embalmer

Signed *James E. Jones*
Licensed Embalmer No. *31*
P. O. Address *States*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.