

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26846

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Vernon, Missouri</u> )		c. LENGTH OF STAY (If in this place) <u>38 days</u>		c. CITY OR TOWN <u>Tuscumbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				STREET ADDRESS (If rural, give location) <u>Route 1</u> <span style="float: right;">00661</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OHIVER</u>			b. (Middle)			c. (Last) <u>RAMSEY</u>			
4. DATE OF DEATH		(Month) (Day) (Year)		<u>September 4, 1955</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>9-15-1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iberia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>George Mulligan Ramsey</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Forrester</u>			14. NAME OF HUSBAND OR WIFE <u>Ollie 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>333-03-7489</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pan. records, Mo. State San., Mt. Vernon, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma, right lung with metastasis to pericardium</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <span style="float: right;">162 X</span>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>8-31-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma involving all of right lung with metastasis to pericardium</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <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>7-29-55</u> , 19 <u>55</u> , to <u>9-11-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-11-55</u> , 19 <u>55</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John W. Pohl, M.D.</u> (Degree or title)				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>9-4-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Tuscumbia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-12-55</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrucks</u> <u>411-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Ford</u> ADDRESS <u>Mt. Vernon, Mo.</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1955

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 *John A. McNeil*  
Licensed Embalmer No. *46*  
P. O. Address *Republic*

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.