No. 300
10.48

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43190

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Licking
c. LENGTH OF STAY (in this place) 35
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Texas
c. CITY OR TOWN Licking
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1070

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Vernon c. (Last) Ramsey
4. DATE OF DEATH (Month) Dec (Day) 21 (Year) 1955
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 7, 1875
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 11 Days 14 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Black Smith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Burton Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Geo Ramsey
13b. MOTHER'S MAIDEN NAME Amanda Presler
14. NAME OF HUSBAND OR WIFE Lilly Ramsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Lloyd Ramsey ADDRESS Rolla Mo

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) Cardiac & pulmonary arrest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary occlusion
DUE TO (c) cardio vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility 4201

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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* Nov 20, 1955, *to* Dec 20, 1955, *that I last saw the deceased alive on* Dec 20, 1955, *and that death occurred at* 3:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B. J. Myers D.O.
23b. ADDRESS Licking, Mo
23c. DATE SIGNED 12-24-55.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-22-55
24c. NAME OF CEMETERY OR CREMATORY Licking Cem
24d. LOCATION (City, town, or county) Licking (State) Mo

DATE REC'D BY LOCAL REG. Dec. 27, 1955
REGISTRAR'S SIGNATURE Elnora Hesse 324
25. FUNERAL DIRECTOR'S SIGNATURE Smith-Ferguson ADDRESS Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 394

P. O. Address Lehi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.