

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10229**BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 Taylor		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 504 Taylor 08830	

3. NAME OF DECEASED (Type or Print) Thomas H. Ramsey			4. DATE OF DEATH (Month) (Day) (Year) Apr 5-1956		
a. (First)	b. (Middle)	c. (Last)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Farmer		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Feb 2-1870	
				9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 2 IF UNDER 1 MRS. Days 3 Hours Min. 	
				11. BIRTHPLACE (City and State or Foreign Country) Ky	
				12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John Ramsey	13b. MOTHER'S MAIDEN NAME Mary Michael	14. NAME OF HUSBAND OR WIFE Jane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. T. H Ramsey ADDRESS Moberly, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes but undetermined			
*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		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing 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)	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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. D. Cooney (Degree or title)	23b. ADDRESS Moberly Mo	23c. DATE SIGNED 4-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-7-1956	24c. NAME OF CEMETERY OR CREMATORY Oakland
		24d. LOCATION (City, town, or county) (State) Moberly, Mo

DATE REC'D BY LOCAL REG. 4-7-56	REGISTRAR'S SIGNATURE Leah E. Lowe	25. FUNERAL DIRECTOR'S SIGNATURE Mahon & Son ADDRESS Moberly Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1 APR 17 1956

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 *Frank J. DeWitt*.....

Licensed Embalmer No. *302*.....

P. O. Address *Mobile*.....

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