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FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15461

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> c. CITY OR TOWN <u>Rock-Port Mo</u>	
b. CITY OR TOWN <u>Fairfax Mo</u> c. LENGTH OF STAY (in this place) <u>3 1/2 hrs</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>Fairfax Community Hospital</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Alton</u> c. (Last) <u>Ramsay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1956</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>Sept 12 - 1880</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Days <u>8</u> IF UNDER 2 HRS. Hours <u>5</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Rock-Port Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>0</u>					

13a. FATHER'S NAME <u>Leander Ramsay</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Ramsay</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Ramsay</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>480-10-4751</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Jessie Ramsay - Rock-Port Mo</u> ADDRESS _____	
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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>coronary thrombosis and myocardial infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u>				<u>10 yrs</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deabetes Mellitus</u>				<u>10 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 1953, to May 17, 1956, that I last saw the deceased alive on May 17, 1956, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest B. ...</u> (Degree or Title)		23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>5-18-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 19 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Port Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5/27/56</u>		REGISTRAR'S SIGNATURE <u>Thermin J. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beitman Funeral Home</u> ADDRESS <u>Rock-Port Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

430

MAY 18 1957

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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.....  
Signature of Student Embalmer

Signed *L. B. [Signature]*

Licensed Embalmer No. *176*

P. O. Address *Post Post*

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.