

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19062

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>1217</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>14 hrs.</u>		c. CITY OR TOWN <u>St. Louis</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>St. Joseph Hospital</u>				• STREET ADDRESS (If rural, give location) <u>1710 Hickory St.</u> <u>222 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u> b. (Middle) <u>Júnior</u> c. (Last) <u>Ramsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 31, 1922</u>		9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Continental Can Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newport, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J. Arthur Ramsey</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Sandefur</u>		14. NAME OF HUSBAND OR WIFE <u>Frances R. Ramsey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>832-16-0773</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Orville Ramsey, 1710 Hickory St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Maximal Cerebral Injury</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Facial Contusion &amp; Laceration</u> DUE TO (c) <u>Fracture right tibia &amp; fibula. Fracture Maxilla. Shock.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
19a. DATE OF OPERATION <u>5-15-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Full thickness lacerations of Chin, both lips, nose &amp; cheek.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 21 by County line OS Jefferson County, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson County, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 15-1956 1P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Passenger in car which collided head on with another car.</u>			
22. I hereby certify that I attended the deceased from <u>5-15</u> , 19 <u>56</u> , to <u>5-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-16</u> , 19 <u>56</u> , and that death occurred at <u>8:30 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. L. Tomlinson</u>				23b. ADDRESS <u>MD 508 N. Grand St. Louis Mo.</u>		23c. DATE SIGNED <u>5-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newport Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newport, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>5-16-56</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Tomlinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander &amp; Sons 6175 Delmas</u>			

(Licensed Embalmers' Statement of Reverse Side)

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

Dr W L Tomlinson  
Metro

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joe E. McCulloch*

Licensed Embalmer No. *294*

P. O. Address *6155 De*

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