No. 300
10.48

Eric Wilson
FILED JUL 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21398
State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deering
c. LENGTH OF STAY (in this place): 25 yrs
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: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Deering
d. Is Residence within limits of a city or incorporated town? Yes ☐ No. ☒
e. STREET ADDRESS (If rural, give location): 0780

3. NAME OF DECEASED (Type or Print)
a. (First): Freeman
b. (Middle): Edward
c. (Last): Ramey

4. DATE OF DEATH (Month) (Day) (Year): 6-21-56

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-27-1888
9. AGE (In years last birthday): 68 — If under 1 year: Months 2, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Tenn
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Ramey
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND/OR WIFE: Maude Ramey

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: Richard Ramey — **ADDRESS**: Pontiac 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): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
4 201
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* 1-1, 1956, *to* 6-21, 1956, *that I last saw the deceased alive on* 6-20, 1956 *and that death occurred at* 7:A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E E Wilson MD
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 6/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-23-56
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Kennett Mo

DATE REC'D BY LOCAL REG.: 6-30-56
REGISTRAR'S SIGNATURE: John H. German
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: German Undt Co. Steele, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

16-0

7-166-56

JUL 11 1956

JUL 13 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John W. Gierman

Licensed Embalmer No. 3

P. O. Address Hayti

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.