

FILED AUG 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24558**

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5906		Registrar's No. 135		
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Pemiscot				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural Wardell		c. LENGTH OF STAY (in this place) 8 Yrs.		c. CITY OR TOWN Wardell		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 Rural Route 1				e. STREET ADDRESS (If rural, give location) Rural Route 1 0780				
3. NAME OF DECEASED (Type or Print) a. (First) Alice			b. (Middle)		c. (Last) Ramos		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1956	
5. SEX Female	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-8-1899	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Mexico		12. CITIZEN OF WHAT COUNTRY? Mexico		
13a. FATHER'S NAME Leandro Sanchez			13b. MOTHER'S MAIDEN NAME Gargino Gonzales		14. NAME OF HUSBAND OR WIFE Nick Ramos			
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nick Ramos R. 1 Wardell, 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) Bronchial Pneumonia ANTECEDENT CAUSES DUE TO (b) Pulmonary fibrosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia					INTERVAL BETWEEN ONSET AND DEATH 5 days 6 months 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 525+					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)		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 Jan 5, 1955 to July 19, 1955 , that I last saw the deceased alive on July 19, 1955 , and that death occurred at 6:30 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Daniel R Hensley				23b. ADDRESS Box 496 Wardell		23c. DATE SIGNED 7/24/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-56		24c. NAME OF CEMETERY OR CREMATORY County Cemetery		24d. LOCATION (City, town, or county) (State) Near Hayti, Mo.		
DATE REC'D BY LOCAL REG. 7-21-56		REGISTRAR'S SIGNATURE John St. Germain		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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8-203-56

AUG 2 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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James G. Saburn*

Licensed Embalmer No. *4182*

P. O. Address *Wardell,*

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.