

FILED MAY 21 1957

STANDARD CERTIFICATE OF DEATH

16078

STATE FILE NUMBER

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 45

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Fairfax		c. CITY OR TOWN Mound City 2440	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Community Hosp.		d. STREET ADDRESS 7 1/2 Mi. N.W.	
Length of stay in lb 7 Wks.		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) ROSA BELLE RAMSEY			4. DATE OF DEATH May 9, 1957
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 17, 1873	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home	
11. BIRTHPLACE (City and state or country) Clyde, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Granville P. Mann		14. MOTHER'S MAIDEN NAME Ann Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-42-2588	
17. INFORMANT Ralph Ramsey		Address Craig, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Hemia			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Lung Bilethly			unknown
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 163x			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Mar 1, 1957 to May 9, 1957 and last saw her ^{him} alive on May 9, 1957 . Death occurred at 8:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Isaac F. Sweeney M.D.		22b. ADDRESS Craig, Missouri	
22c. DATE SIGNED May 9, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/11/1957	
23c. NAME OF CEMETERY OR CREMATORY New Liberty Cem		23d. LOCATION (City, town, or county) Holt County, Missouri	
24. FUNERAL DIRECTOR James Crawford		ADDRESS Mound City Mo.	
25. DATE RECD. BY LOCAL REG. May 13, 1957		26. REGISTRAR'S SIGNATURE Theroin H. Schaefer	

(Licensed Embalmer's Statement on Reverse Side)

442
3

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 Crawford

Licensed Embalmer No. 479

P. O. Address *Moundville*

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.