

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25514
STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 90

300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Home R. # 3 Neosho		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Neosho
c. FULL NAME OF (If NOT in hospital, give location) Home		Length of stay in lb 5 Yrs	d. STREET ADDRESS (If outside, give location) R # 3
3. NAME OF DECEASED (Type or print) First James Middle E. Last Ramey		4. DATE OF DEATH Month July Day 12 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 6, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of preceding 12 months) Noverty Shop Operator		10b. KIND OF BUSINESS OR INDUSTRY Clerk	9. AGE (In years) Length (In days) 64 Month 6 Days 6 Hours Min.
11a. BIRTHPLACE (City and state or country) Hedrick Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Ramey		13b. MOTHER'S MAIDEN NAME Hannah Hart	14. NAME OF HUSBAND OR WIFE Marie E. Ramey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. 	17. INFORMANT Address Marie E. Ramey Neosho
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion & myocardial infarction. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH About 2 weeks. 4201
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 Month Day Year 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 June 57 to July 57 and last saw him alive on 12 July 57 Death occurred at 7-12-57 11:55p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of authority) J. H. Huddleston		22b. ADDRESS 113 W. Hickory, Neosho, Mo	22c. DATE SIGNED 7-13-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-13-57	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Cedar Rapids, Iowa
24. FUNERAL DIRECTOR ADDRESS W.E. Huddleston, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 7-15-57	26. REGISTRAR'S SIGNATURE Melvin C. Bowman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

RECEIVED

District Health Officer No. Newton

District File Number 75-7-163

Date Filed Jul 22 1951

MS NOV 21 1961

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 W.E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Yonkers N.Y.

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.