

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029834

STATE FILE NUMBER

FILED SEP 10 1958

Registration District No. 267 Primary Registration District No. 3049

Registrar's No. 184

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|--|----------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Caruthersville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Memorial</u> | | Length of stay in lb <u>3 Days</u> | d. STREET ADDRESS (If outside, give location) <u>110 E. 13th. St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Matty Mae Ramsey</u> | | | 4. DATE OF DEATH Month Day Year <u>August 17, 1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>January 31, 1958</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>6 16</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | 11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Jerald Ramsey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Zula Mae Starkey</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Zula Mae Ramsey-Caruthersville, Mo.</u> Address <u>110 E. 13th.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dehydration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Diarrhea, etiology unknown</u> DUE TO (c) <u>5710</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u> <u>18 days</u> |
| 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 <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 <u>8/15/58</u> to <u>8/17/58</u> and last saw her alive on <u>8/17/58</u> Death occurred at <u>12:07</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>William D. Bryant, M.D.</u> | | | 22b. ADDRESS <u>Hayti, Mo</u> | | 22c. DATE SIGNED <u>8/25/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | <u>Aug. 19, 1958</u> | <u>Maple Cemetery</u> | | <u>Caruthersville, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home C'ville. Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-28-58</u> | 26. REGISTRAR'S SIGNATURE <u>John St. Gorman</u> | | |

Doctor, coroner, etc. must use only standard nonpareil type. All diseases in Part I must be carefully related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 8 1958

CAROLINE SERVICES

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. Denver Pike*

Licensed Embalmer No. *4484*
P. O. Address *Caruthersville*
Missouri

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.