

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MICH</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sikeston, Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>PONTIAC</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in Hospital, give location) <b>Mo. Delta Community Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>215 FERRY AVE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>F.</b> Last <b>Ramsey</b>				4. DATE OF DEATH Month <b>7</b> Day <b>20</b> Year <b>59</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-8-1904</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>LINDEN TENN</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>ROBERT FLOWERS</b>			13b. MOTHER'S MAIDEN NAME <b>TOMMIE SISCO</b>			14. NAME OF HUSBAND OR WIFE <b>FRED RAMSEY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.	17. INFORMANT <b>Fred Ramsey - Pontiac Mich</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Rupture THORACIC AORTIC Aneurysm</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>						<b>YEARS</b>	
		DUE TO (c) <b>Diabetes Mellitic</b>						<b>YEARS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cholelithiasis - had cholecystostomy</b> <b>Chronic Pancreatitis, Cirrhosis of the Liver Severe &amp; Spandice</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b>7/12/59</b> to <b>7/20/59</b> and last saw her <u>her</u> alive on <b>7/20/59</b> . Death occurred at <b>2:35 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Mary G. Heath M.D.</b>				22b. ADDRESS <b>Sikeston, Mo.</b>				22c. DATE SIGNED <b>7/20/59</b> (State)	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-23-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>			23d. LOCATION (City, town, or county) <b>SIKESTON MO</b>				
24. FUNERAL DIRECTOR <b>Welch Funeral Home - Sikeston Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-27-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Paula Hunter</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston

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.