

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041261

FILED VS DEC 4 1959

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 226

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Belts</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Leas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		c. CITY OR TOWN <u>Licking</u>	
Length of stay in 1b <u>4 yrs</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>McLeland Rest Home</u>		d. STREET ADDRESS (If outside give location) <u> Hwy # 32</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Ward Ramsey</u>			4. DATE OF DEATH Month Day Year <u>Nov 27 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-26-1879</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>	11. BIRTHPLACE (City and state or country) <u>Brighton Iowa</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Geo Ramsey</u>	
13b. MOTHER'S MAIDEN NAME <u>Lusanda Presler</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Frank W. Ramsey</u>		Address <u>Rolla Mo</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>Terminal Pneumonia</u> DUE TO (b) <u>Fracture Hip</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Stomach</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year			
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 <u>Nov 14 59</u> to <u>Nov 29 59</u> and last saw him alive on <u>Nov 27 59</u> Death occurred at <u>6:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. R. Stoll</u>		22b. ADDRESS <u>Rolla Mo</u>	22c. DATE SIGNED <u>11/27/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u>		ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 27, 1959</u>
		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Hubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Riching

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.