

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016278
STATE FILE NUMBER

AMENDED

Registration District No. 346 Primary Registration District No. _____ Registrar's No. 23

FILED APR 19 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Washington	b. CITY (If outside corporate limits, give TOWNSHIP only) Breton	a. STATE Mo.	b. COUNTY Wash.
Length of stay-in 1b- 20 yrs.		c. CITY OR TOWN Mineral Point	-Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi E of Potosi, Mo.		d. STREET ADDRESS Rt. 1	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Randle	Middle (Pat)	Last Ramsey	Month April	Day 14	
5. SEX Male		6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-19-1898	9. AGE (last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Timber	11. BIRTHPLACE (City and state or country) St. Genevieve Co., Mo., USA		
13a. FATHER'S NAME Aught Ramsey		13b. MOTHER'S MAIDEN NAME Cora Belle Harris		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Freeman Ramsey, Mineral Point, Rt. 1, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 days
IMMEDIATE CAUSE (a) Coronary Occlusion	DUE TO (b) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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	
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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	STATE

21. I attended the deceased from Apr-1-1956 to April 14-1961 and last saw ^{him} alive on April 13-1961
Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph L. P. Leumann, M.D.		22b. ADDRESS Potosi, Mo.		22c. DATE SIGNED 4-17-1961
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-17-1961	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) (State) Franklay, Missouri
24. FUNERAL DIRECTOR Donald Sparks		ADDRESS Potosi, Missouri		25. DATE RECD. BY LOCAL REG. 4/18/61
				26. REGISTRAR'S SIGNATURE <i>Helmut Rindell</i>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 21 1967

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 Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.