

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043297

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 441

VS 300 Rev. 4/59

10269

20140

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 26 1963

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Cedar City
d. STREET ADDRESS (If outside, give location) Cedar City

3. NAME OF DECEASED (Type or print) First Middle Last John Willis Ramsdell
4. DATE OF DEATH Month Day Year Nov 21 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH Dec 25 1895 77 9. AGE (last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Hartsburg Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank Ramsdell 13b. MOTHER'S MAIDEN NAME Price Harmon 14. NAME OF HUSBAND OR WIFE Myrtle Ramsdell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Myrtle Ramsdell Cedar City Mo Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
DUE TO (b) Coronary Thrombosis
DUE TO (c) Arteriosclerosis
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Nov. 20 1963 to Nov. 21 1963 and last saw him alive on Nov. 21 1963
Death occurred at 11:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (D. name or title) James E. Steffen DO 22b. ADDRESS Ashland, Mo. 22c. DATE SIGNED 11-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 24 1963 23c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery 23d. LOCATION (City, town, or county) Hartsburg Mo

24. FUNERAL DIRECTOR Burnett Funeral Home Ashland Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Thelma E. Richter

USE BLACK INK OR TYPEWRITER RIBBON

105740-570

DEC 23 1963

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^m E Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, Mo.

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.