

FILED MAR 4 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Lusa Jan 5759

State File No.

Registration District No. 23

Primary Registration District No. 5087

Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates
(b) City or town: Rural Howard Twp
(c) Name of hospital or institution: Home 1 (Sprague) Village
(d) Length of stay: 1 year
In this community 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates
(c) City or town: Rich Hill "Rural"
(d) Street No.: Sprague Village
(e) Citizen of foreign country? — (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Addie Pearl Ratakin

3. (b) If veteran, name war: — 3. (c) Social Security No.: —

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: JOHN L. RATAKIN 6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: JULY 6, 1887 (Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 28 If less than one day hr. min.

9. Birthplace: VERNON CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: —

12. Name: FRANK POTTER
13. Birthplace: ADNA GRAHAM MO. (City, town, or county) (State or foreign country)
14. Maiden name: —
15. Birthplace: LONE JACK MO. (City, town, or county) (State or foreign country)

16. (a) Informant: JOHN RATAKIN

(b) Address: Rich Hill, Mo.

17. (a) Burial (b) Date thereof: FEB 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: GREENLAND - RICH HILL MO.

18. (a) Signature of funeral director: Booth - Rich Hill

(b) Address: —

19. (a) — (b) Quym M. Coleman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 3 year: 1943 hour: 7:00 minute: — a. M.

21. I hereby certify that I attended the deceased from Oct 3, 1943 to Jan 28, 1943 that I last saw her alive on Jan 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Cecum
Due to: —
Due to: —

Other conditions: — (Include pregnancy within 3 months of death)

Major findings: Exploratory
Of operations: Oct 28-31
Of autopsy: Family arising from tumor of Cecum - Operated

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State): —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

23. Signature: Quym M. Coleman (M. D. or D. O.)
While at work? — (Specify type of place) Means of injury: —
Address: Bates, Mo. Date signed: Jan 28, 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged steadily.

MAR 4 1959

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John G. Burdick*.....
Licensed Embalmer No. *3585*.....
P. O. Address. *Butler 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 this body is not embalmed, fact should be so stated above.