S. No. 300
v. 10.48

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

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 491

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Mo Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
d. STREET ADDRESS (If rural, give location): —

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3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): THOMAS PEYTON RALPH

4. DATE OF DEATH (Month) (Day) (Year): Jan 14, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21 - 1855
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister of Gospel
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ohio County Ky.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Ralph
13b. MOTHER'S MAIDEN NAME: Matilda Midtkif
14. NAME OF HUSBAND OR WIFE: Gertrude Smith Ralph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Rome H. Ralph — ADDRESS: Jackson

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic cardiovascular disease
DUE TO (c) Pernicious anemia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility, prostatism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 242.2
20. AUTOPSY? ✓ YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1948, *to* Jan. 13, 1949, *that I last saw the deceased alive on* Jan 13, 1949, *and that death occurred at* 12 45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Schlinger, M.D.
23b. ADDRESS: Jackson, Mo.
23c. DATE SIGNED: 1-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 15, 1949
24c. NAME OF CEMETERY OR CREMATORY: Russell Heights
24d. LOCATION (City, town, or county) (State): Jackson Mo

DATE REC'D BY LOCAL REG.: Jan 16-1949
REGISTRAR'S SIGNATURE: C. C. Summers 44 0
25. FUNERAL DIRECTOR'S SIGNATURE: A. Miller — ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

EIVED

Health Officer No. 4

Number 149-12

1-24-4

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.

Signed Gene C Crawford

Signed _____
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.