

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1949

State File No. 11706

Registrar's No. 147

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

| | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 47 | | PRIMARY REG. DIST. NO. 3008 | | State File No. 11706 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | | c. LENGTH OF STAY (In this place) <u>2 wks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | | d. STREET ADDRESS (If rural, give location) <u>708 Market D</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>EMILY</u> c. (Last) <u>RATEKIN</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1949</u> | | | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>FEB 14 1862</u> | | | |
| 9. AGE (In years last birthday) <u>87</u> | | 10. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | | |
| 10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>William Black</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u> | | | 14. NAME OF HUSBAND OR WIFE <u>P.E. Ratchen</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>P.E. Ratchen</u> | | ADDRESS <u>Fulton Mo</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. cardiovascular renal disease</u> | | | | ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____ | | | | years <u>years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Taminal Hypertensive Pneumonia</u> <u>cerebral hemorrhage, mild</u> | | | | | | | | <u>142X</u> <u>3 days</u> <u>since 4/16/49</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>12/19, 1945</u> , to <u>5/1, 1949</u> , that I last saw the deceased alive on <u>5/1, 1949</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Henry D. D. M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Fulton, Mo.</u> | | 23c. DATE SIGNED <u>5/1/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/3/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Helene</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u> | | | |
| DATE REC'D BY LOCAL REG <u>May 3-1949</u> | | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | | 426 FUMERAL DIRECTOR'S SIGNATURE <u>Allen G. Morgan</u> | | ADDRESS <u>Fulton, Mo</u> | | | |

