

FILED JUL 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24073

62

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>	c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u> 62	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>502 Collier St.</u>		d. STREET ADDRESS (If rural, give location) <u>502 Collier St.</u> 1	
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Ronald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-5-49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb. 8, 1867</u>
9. AGE (In years last birthday) <u>82</u> # UNDER 1 YEAR Months <u>4</u> Days <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>McKenzie, Tennessee</u>
11. BIRTHPLACE (State or foreign country) <u>McKenzie, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Radcliffe</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Hiram Lee Ronald (deceased)</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 ADDRESS <u>Mrs. Mamie Kessler - St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis &amp; coronary atherosclerosis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic rheumatism</u> 4075978 DUE TO (c) <u>Chronic Gastritis</u> 4075978 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u> 42632	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>June 20, 1949</u> , to <u>July 3, 1949</u> , that I last saw the deceased alive on <u>July 3, 1949</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Murray Barron M.D.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>7-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericktown Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-6-1949</u>	REGISTRAR'S SIGNATURE <u>Florence Sticks</u>	187	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb-Adamson - Fredericktown, Mo.</u>

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

RECEIVED 7-15-49

Sanitary Health Officer No. 4

Sanitary File Number 749-929

Date Filed

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 Student Embalmer

Signed Edward W. Lehmann Jr.

Licensed Embalmer No. 4567

P. O. Address Fredericktown, 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.