

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24251

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BIRTH NO. _____		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5891		Registrar's No. 18				
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.						
b. CITY (If outside corporate limits, write RURAL and give township) Gainesville.		c. LENGTH OF STAY (In this place) Passing thru		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo		OR TOWN				
d. FULL NAME OF HOSPITAL OR INSTITUTION. Ozark Co. 3				d. STREET ADDRESS (If rural, give location) 4420 S. Main						
3. NAME OF DECEASED (Type or Print) Clarence			a. (First)		b. (Middle) None		c. (Last) Ralston			
4. DATE OF DEATH (Month) (Day) (Year) July, 12, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan. 28, 1905		
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 14		IF UNDER 1 HRS. Hours 		IF UNDER 1 HRS. Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seed Co Employee			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Hart, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Truman Ralston			13b. MOTHER'S MAIDEN NAME Syrena Carston			14. NAME OF HUSBAND OR WIFE None				
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Syrena Ralston, Nowata, Okla.		ADDRESS				
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, ashenia, etc. It means the disease, injury, or complication which caused death.								INTERVAL BETWEEN ONSET AND DEATH Instant		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Motorcycle accident								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture skull										
DUE TO (c) 										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. #								26 26		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway H&D		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) H&D		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bridges Twp. Ozark Co. Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 12, 1949 8:30 p.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Motorcycle accident		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE M. J. Hoerneman				23b. ADDRESS Gainesville, Mo		23c. DATE SIGNED 7/15/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July, 15, 49		24c. NAME OF CEMETERY OR CREMATORY Sims Cemetery		24d. LOCATION (City, town, or county) (State) Gainesville, Ozark Mo.				
DATE REC'D BY LOCAL REG. 7-15-49		REGISTRAR'S SIGNATURE William Eugene O'Connell			5. FUNERAL DIRECTOR'S SIGNATURE William Eugene O'Connell		ADDRESS Gainesville - Mo			

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

RECEIVED

District Health Officer No. 6;

District File Number 749-842

Date Filed 7-18-49

DEC 1 1949

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 C. A. Roof

Licensed Embalmer No. 3044

P. O. Address Greenville

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.

George Miller 11-20-49