

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30048

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

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WILLOW SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WILLOW SPRINGS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Howell Co.</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>RATTERREE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 29, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>FEB. 1, 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WRIGHT CO., MO. 6</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>DAVID RATTERREE</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA ZIRSCHKY</u>		14. NAME OF HUSBAND OR WIFE <u>LUCE-JANE RATTERREE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucy Jane Ratterree</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Melastoma to pleura.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 mo.</u> <u>17/62X</u> <u>17 1/2 mo.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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>6-17, 1948</u> , to <u>9-29, 1949</u> , that I last saw the deceased alive on <u>2-25, 1949</u> , and that death occurred at <u>6:45P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. E. [Signature]</u>			23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>10-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 2, 49</u>	REGISTRAR'S SIGNATURE <u>Marshall [Signature]</u>	387	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayford V. Elliott</u>		ADDRESS <u>Cabool Mo.</u>

RECEIVED 9/5/49
District Health Officer No. 5,
District File Number 1049638
Date Filed 9/6/49

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 Gaylord V. Elliott

Signed _____
Student Embalmer

Licensed Embalmer No. 2252

P. O. Address Cabool m

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.