

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21004**BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon 6612	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) 2716 N. S. 111st P. O. Box 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Lowell c. (Last) Ratliff			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Dec. 16, 1924		9. AGE (In years last birthday) 25		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Vandalia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Earl Ratliff		13b. MOTHER'S MAIDEN NAME Mildred Lucas		14. NAME OF HUSBAND OR WIFE Virginia Ratliff	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO. 486-28-9859		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Ratliff ADDRESS Macon, Mo.	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral & Arterial Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 9 1/2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Injuries sustained in car wreck		9 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fracture left ankle Fractures scalp		9 1/2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Route 7 Macon Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) West Valley Township Macon Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-25-50 4:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Wreck	
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22. I hereby certify that I attended the deceased from **7-25, 1950**, to **8-3, 1950**, that I last saw the deceased alive on **8-3, 1950**, and that death occurred at **11:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Macon Mo		23c. DATE SIGNED 8-5-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/7/50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Macon Mo.	
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DATE REC'D BY LOCAL REG. 8-5-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Macon Mo	
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8-9-50

RECEIVED 8.9.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.50.152
Date Filed 8.9.50

JAN 4 1956

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Albert Skinner*

Licensed Embalmer No. 757

P. O. Address *Macon, Ga*

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.