

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11988

State File No.

0264
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BIRTH NO. 27855-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>807 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Sue</u> c. (Last) <u>Ratcliff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>no</u>	8. DATE OF BIRTH <u>May 7 1951</u>	9. AGE (In years last birthday) <u>2</u>	IF CHECKED IN YEARS <u>2</u>	IF CHECKED IN HOURS <u>0</u>	IF CHECKED IN MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>Forrest Ratcliff</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Hemeyer</u>	14. NAME OF HUSBAND OR WIFE
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Forrest Ratcliff</u> ADDRESS <u>Jefferson City Mo</u>
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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, 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>Congenital Defects of Tongue, Palate and Jaw</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cleft Palate albinism fingers</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Left hand</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>7593</u>

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)
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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?
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22. I hereby certify that I attended the deceased from May 7, 1951, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 2 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.G. Bruce M.D.</u> (Degree or title)	23b. ADDRESS <u>234 Madison Jefferson City Mo</u>	23c. DATE SIGNED <u>5/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Honey Creek, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 9-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD - R.P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Bucschu</u> ADDRESS <u>Jefferson City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

5-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 5-10-51 -----

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 *Victor Buescher* -----

Licensed Embalmer No. 3701

P. O. Address *Jefferson City 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.