

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20330

State File No.

2664

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION In route to Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 1612 Topping 3228

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Elizabeth c. (Last) Ratliff
4. DATE OF DEATH (Month) (Day) (Year) June 21 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 3, 1860 9. AGE (In years last birthday) 91 10. UNDER 1 YEAR (Months) - 11. UNDER 18 HRS. (Hours) - 12. MIN. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Shingleton 13b. MOTHER'S MAIDEN NAME Staley 14. NAME OF HUSBAND OR WIFE Isaiah Ratliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R.A. Ratliff 1612 Topping

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) Necrotic Coronary Thrombosis
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.
INTERVAL BETWEEN ONSET AND DEATH 2 days
4201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1947 to June 21, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

22a. SIGNATURE Jack W. Wolf (Degree or title) M.D. 22b. ADDRESS 206 Regale Blvd Kansas City, Mo 22c. DATE SIGNED June 27, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 23, 1951 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington 24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG 6-22-51 REGISTRAR'S SIGNATURE Seraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son K.C. Missouri

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

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 _____

W.C. Rinne

Student Embalmer No. *409*

working under my personal supervision.

Student *W.C. Rinne*
Student Embalmer

Signed *James E. Hackler*

Licensed Embalmer No. *4573*

P. O. Address *Kansas 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.