

S. No. 300
RV. 10.48

FILED AUG 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27569

State File No. _____

280

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

BIRTH NO. _____		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>5324</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution): a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY OR TOWN <u>Bourbon "Rural" Boone</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Bourbon "Rural" Boone</u>		0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS <u>142 1/2 W. of Bourbon Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Cullen</u>		c. (Last) <u>Ralston</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>AUG. 4-1920</u>	
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Work-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ottumwa - Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Matthew M. Ralston</u>		13b. MOTHER'S MAIDEN NAME <u>HUCY BYVANT</u>		14. NAME OF MARRIAGE WIFE <u>ESSIE ELLA VAUGHN Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-14-7131</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lola Schmitt</u> ADDRESS <u>1902 Monty St. Louis Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 am</u>				II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>				5 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				_____	
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) _____		4201	
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? _____			
22. I hereby certify that I attended the deceased from _____, 19 <u>49</u> , to <u>Aug 19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 18</u> , 19 <u>52</u> , and that death occurred at <u>10:00</u> am., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ronald H. Scott, M.D.</u> (Degree or title)				23b. ADDRESS <u>Bourbon Mo.</u>		23c. DATE SIGNED <u>8-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21-1952</u>		24c. NAME OF CEMETERY <u>Bourbon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bourbon MO.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8/20/52</u>		75		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harman C. Heber, Cuba, Mo.</u>			

(Reversed Embosser's Statement on Reverse Side)

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 Harmon Q. Aeneer

Licensed Embalmer No. 4672

P. O. Address Cuba, Missouri

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.