

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14966**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5731 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - White Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - White Twp.</u> <u>0610</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James Ernest</u>	b. (Middle)	c. (Last) <u>Ratliff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 28 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan. 17, 1912</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR <u>3</u> Months	# UNDER 1 YEAR <u>11</u> Days	# UNDER 1 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ethel, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>J. Cecil Ratliff</u>	13b. MOTHER'S MAIDEN NAME <u>Nell Darnold</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Cecil Ratliff, Ethel, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Arrest</u>	DUE TO (b) <u>Traumatic Asphyxia</u>		<u>691213</u>
ANTECEDENT CAUSES	DUE TO (c) <u>Compression of chest due to weight of tractor</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Patient was dead when seen, Conditions contributing to the death but not related to the disease or condition causing death.</u>	<u>at 2:35 P.M. 4-28-53</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>061</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural - White Twp. Macon Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 28 53 2 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor turned over backward pinning individual</u>
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22. I hereby certify that I attended the deceased from 4-28-53 between 2 10 53 and 4 28 19 53, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Otis B. Wilson, Jr. M.D.</u> (Degree or title)	23b. ADDRESS <u>Kirksville Colicopathic Hospital, Kirksville, Mo.</u>	23c. DATE SIGNED <u>April 28, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goldsberry, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-30-1953</u>	REGISTRAR'S SIGNATURE <u>Daphne D. Houerta</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>	ADDRESS <u>Bucklin, Mo.</u>
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RECEIVED 5.5.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 5-53-90  
Date Filed 5.12.53

(6)

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

*C. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.