

FILED JUL 1 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 21247

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 409 S. Fourth St. 0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 S. Fourth St.			

3. NAME OF DECEASED (Type or Print) a. (First) J. (I.O.) b. (Middle) W. (I.O.) c. (Last) Ratcliff		4. DATE OF DEATH (Month) (Day) (Year) June 24 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 22, 1890
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of factory	11. BIRTHPLACE (City and State or Foreign Country) Greenup, Kentucky
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Ratcliff	13b. MOTHER'S MAIDEN NAME Elizabeth Barney	14. NAME OF HUSBAND OR WIFE Virginia Gilmore Ratcliff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 497-05-0260	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia Ratcliff ADDRESS Owensville

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate		
	DUE TO (c) _____		
11. 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"/>
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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) 177X
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 July, 1952, to June, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. M. Kellon, M.D. (Degree or title)	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 6-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-27-1953	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG. June 27, 1953	REGISTRAR'S SIGNATURE Mrs. Maxine Appenauer	25. FUNERAL DIRECTOR'S SIGNATURE Walter H. H. Winter ADDRESS OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *[Signature]*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 3838

P. O. Address WEYBURNVILLE 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.