

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2166**

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>2 Hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		0051			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Granby Community Hospt.</u>				d. STREET ADDRESS (If rural, give location) <u>210 Bond St.</u>					
3. NAME OF DECEASED a. (First) <u>REX</u> (Type or Print)			b. (Middle) <u>EUGENE</u>			c. (Last) <u>RATLIFF</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1954</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>June 16, 1915</u>		9. AGE (In years) (last birthday) <u>38</u>		- OF UNDER 1 YEAR (Months) (Days) <u>6 23</u>		IF UNDER 1 HR. (Hours) (Mins.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frisco Brakeman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>E.F. RATLIFF</u>		13b. MOTHER'S MAIDEN NAME <u>ROXIE J. GOBEL</u>		14. NAME OF HUSBAND OR WIFE <u>RATLIFF BETTY STUFFLEBEAM</u>			
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>510-07-3050</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Betty Ratliff Monett, 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, asphyxia, 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>Cardio megalia</u>				DUPLICATE TO (b) <u>Tuberculosis</u>				Interval <u>6 Wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE 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 <u>None</u>				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) <u>008 X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 8, 1951</u> , to <u>Jan 9, 1954</u> , that I last saw the deceased alive on <u>Jan. 9, 1954</u> , and that death occurred at <u>8:20 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>422 1/2 Broadway</u>		23c. DATE SIGNED <u>Jan 10 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 11, 1954</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Monett, Mo.</u>			

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-2 _____

Date Filed JAN 15 1951 _____

NEOSHO, MISSOURI

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 J. P. Buchanan

Licensed Embalmer No. 3199

P. O. Address Monette 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.