

No. 300
10. 48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38000

State File No.

9630

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

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4219 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>MARIES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELLE</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 months</u>		e. STREET ADDRESS (If rural, give location) <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>at home of Eliza Barr</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>RATLIFF</u> c. (Last) <u>RATLIFF</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 12 - 1954</u>		5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 18th 1878</u>	
9. AGE (In years last birthday) <u>76</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>9 UNKNOWN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>UNKNOWN</u> 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> 14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u> 17. INFORMANT'S SIGNATURE OR NAME <u>ELIZA BARR</u> ADDRESS <u>BELLE, 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>Acute fulminating bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis, chronic</u> <u>years</u>		19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION <u>491X</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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Apr. 20</u> , 19 <u>54</u> , to <u>Nov. 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 12</u> , 19 <u>54</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. L. Kozal</u> (Print or title)		23b. ADDRESS <u>Belle, Mo</u>	
23c. DATE SIGNED <u>Nov 13, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 14th 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>BELLE MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>11-15-54</u>	
REGISTRAR'S SIGNATURE <u>Pauline Howard</u> 1387		FUNERAL DIRECTOR'S SIGNATURE <u>James J. ...</u> ADDRESS <u>...</u>	

(Licensed Embalmer'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.....
Signature of Student Embalmer

Signed.....
Chester Sessman

Licensed Embalmer No.....*412*

P. O. Address.....*Blad-*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.