

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9197**
Registrar's No. **64**

FILED MAR 22 1955
BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **6010**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give town) Rural /		c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8860
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) Sugar Creek Twshp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sugar Creek Twshp			

3. NAME OF DECEASED a. (First) Roy b. (Middle) Ratliff c. (Last) Ratliff			4. DATE OF DEATH (Month) (Day) (Year) Mch. 11th 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 12th 1880		9. AGE (in years last birthday) 74 IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. mail		11. BIRTHPLACE (City and State or Foreign Country) Mo	
12. CITIZEN OF WHAT COUNTRY? Mo					

13a. FATHER'S NAME George N Ratliff	13b. MOTHER'S MAIDEN NAME Josephine Terrall	14. NAME OF HUSBAND OR WIFE Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Roy Ratliff, RFD, Moberly, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 1561	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 9, 1947**, to **Mar. 11, 1955**, that I last saw the deceased alive on **Mar. 4, 1955**, and that death occurred at **10:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. T. Whitaker D.O.	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 3-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-13-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
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DATE REC'D BY LOCAL REG. 3-13-55	REGISTRAR'S SIGNATURE S. A. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son, Moberly, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EM 10

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 *Frank D. De Wa*.....

Licensed Embalmer No. *302*

P. O. Address *Moherly*.....

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.