

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34472**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **436**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FREEMAN HOSPITAL		STREET ADDRESS (If rural, give location) 805 WEST 4TH STREET 0450	
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) FREDRICK c. (Last) RATLIFF			4. DATE OF DEATH (Month) (Day) (Year) OCT. 3, 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 5, 1890
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY EMPIRE DIST ELEC	11. BIRTHPLACE (City and State or Foreign Country) CO. NEOSHO, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME VINSON RATLIFF	
13b. MOTHER'S MAIDEN NAME EMMA KIDDO		14. NAME OF HUSBAND OR WIFE CAROL M. RATLIFF	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME MRS. CAROL M. RATLIFF		ADDRESS 805 W. 4TH ST	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES _____	
DUE TO (b) _____		DUE TO (c) _____	
ii. OTHER SIGNIFICANT CONDITIONS Dead on arrival at Freeman Hospital		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"/>		4201	
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 (Month) (Day) (Year) (Hour) (Minute) _____	
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 First saw him at Freeman Hospital 10/3/56 - dead on arrival , 19 56 , to about 1:45 P.m. , 19 56 , that I last saw the deceased alive on _____, 19 56 , and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE J. A. [Signature] (Degree or title) M.D.		23b. ADDRESS 420 Byers Avenue, Joplin, Mo.	
23c. DATE SIGNED 10/4/56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 10-6-56		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,	
24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER ADDRESS MORTUARY, JOPLIN, MO	
DATE REC'D BY LOCAL REG. 10-8-1956		REGISTRAR'S SIGNATURE Dove Merriam	

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

County File Number 56-16-801
Date Filed OCT 15 1956

OCT 17 1956

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 F. M. Jones.....

Licensed Embalmer No. 2319

P. O. Address Joplin.....

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.