

Health,
Welfare
Public
Service

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If the decedent died from a natural cause, coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19883

STATE FILE NUMBER

FILED MAY 22 1957

Registration District No. 346 Primary Registration District No. 6246 Registrar's No. 41

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Washington</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Concord Township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Washington</u> ✓	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Irondale</u>		Length of stay in 1b <u>10 Yrs.</u>		c. CITY OR TOWN <u>Irondale</u> <u>1100</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Rufus</u>		Middle <u>Ralph</u>		Last <u>Raddatz</u>		Month <u>May</u> Day <u>17</u> Year <u>1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 23, 1916</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Frankclay, Missouri</u>		9. AGE (In years last birthday) <u>40</u>	
13. FATHER'S NAME <u>Ernest Raddatz</u>				14. MOTHER'S MAIDEN NAME <u>Lula Crump</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT <u>Ernest Raddatz</u>		Address <u>Irondale, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary thrombosis and myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Hours</u> <u>Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Feb. 13, 1956</u> to <u>May 17, 1957</u> and last saw <u>him</u> alive on <u>Jan. 9, 1957</u> Death occurred at <u>8:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Leadwood, Missouri</u>		22c. DATE SIGNED <u>May 20, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5/20/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Big River Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Irondale, Mo.</u>	
24. FUNERAL DIRECTOR <u>Bert L. Boyer</u> ADDRESS <u>Leadwood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>5/20/57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert Rudall</u>	

RECEIVED

MAY 21 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Wilbur E. Bayn

Licensed Embalmer No. 47

P. O. Address Leadwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.