

Health,
Welfare
Public
Service

FILED SEP 24 1957

STANDARD CERTIFICATE OF DEATH

32119
STATE FILE NUMBER
4106

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4106

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 62 yrs.	6. STREET ADDRESS (If outside, give location) 3732 Troost
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Edward Middle Joseph Last Ratcliff			4. DATE OF DEATH Month Sept. Day 1, Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1878	9. AGE (In years last birthday) 79	FUNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker	10b. KIND OF BUSINESS OR INDUSTRY Realty 62 Yrs.	11. BIRTHPLACE (City and state or country) Jerseyville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George G Ratcliff	13b. MOTHER'S MAIDEN NAME Serena Smith	14. NAME OF HUSBAND, OR WIFE Pearl Alma Ratcliff
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-36-7067A	17. INFORMANT Address Mrs. Pearl A. Ratcliff 3732 Troost
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Atherosclerosis	16 years
	DUE TO (c) General arteriosclerosis	15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	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 <input type="checkbox"/> STATE <input type="checkbox"/>
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21. I attended the deceased from 1950 to Aug 20-57 and last saw him alive on Aug 20 1957 Death occurred at St. Mary's Hosp. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Michael Bernreiter M.D. (Degree or title)	22b. ADDRESS 436 Prof. Bldg. N.E. 4th 9-2-57	22c. DATE SIGNED 9-2-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas, C,ty, Missouri
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24. FUNERAL DIRECTOR Muehlebach Funeral Home	ADDRESS 6800 Troost	25. DATE RECD. BY LOCAL REG. 9-2-57	26. REGISTRAR'S SIGNATURE new Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Michael Bernreiter

All diseases in Part I must be causally related.

*W. Bernier
St. Mary
Mon. A.M.*

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 *P. P. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *6200 P St
KE, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.