Health, & Welfare Public Service

S. 300 1-57

/

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026342
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN Versailles — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 409 E. McClair — Length of stay in 1b: 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 409 E. McClair — Reside on Farm Yes ☐ No ☒

0710

3. NAME OF DECEASED (Type or print): First Thomas Middle Frank Last Ratcliff

4. DATE OF DEATH: Month July Day 16 Year 1958

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 5, 1874
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Barnett, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Ratcliff
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Goodhue
14. NAME OF HUSBAND OR WIFE: Estella Hodges

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.: None
17. INFORMANT: Miss Hazel Ratcliff Address: Versailles, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prostatism with pyelitis and purulent ~~urinary cystitis~~ — ~~6 months~~
DUE TO (c) Hypertrophy of prostate gland — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 610X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 18, 1958, to July 16, 1958 and last saw ~~her~~ ## him alive on July 15, 1958
Death occurred at 5:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P. L. Eckhoff D.O. (Degree or title) 2
22b. ADDRESS: Versailles, Missouri
22c. DATE SIGNED: 7-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 18 July 58
23c. NAME OF CEMETERY OR CREMATORY: Versailles Cemetery
23d. LOCATION (City, town, or county) (State): Versailles, Mo.

24. FUNERAL DIRECTOR: W. F. Kidwell ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 7-19-58
26. REGISTRAR'S SIGNATURE: K L Wade

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Raymond C. Parker

Licensed Embalmer No. 4626

P. O. Address Versailles, Me

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.