

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006233

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Lexington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Length of stay in 1b Lexington Memorial Hospital 15 days		d. STREET ADDRESS (If outside, give location) Reside on Farm 2608 South Street. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Daniel Ratliff			4. DATE OF DEATH Month Day Year February 8, 1959		
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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 June 8, 1888	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Retired employee	11. BIRTHPLACE (City and state or country) Atchison, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Ratliff	13b. MOTHER'S MARDEN NAME Betty E. Hollingsworth	14. NAME OF HUSBAND OR WIFE Mary E. Grindstaff
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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. 257-05-0687	17. INFORMANT Address Mary E. Ratliff, Lexington, Mo.
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 1st attack coronary thrombosis about 3 yrs. ago	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema. Fibrosis of lung	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 10:54 to 2/8/59 and last saw her alive on 2/8/59 Death occurred at 6:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H. Boushew M.D.	22b. ADDRESS Lexington, Mo.	22c. DATE SIGNED 2/18/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE February 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Mashpelah	23d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Louis F. Campbell, Lexington, Missouri	25. DATE RECD. BY LOCAL REG. 2-25-59	26. REGISTRAR'S SIGNATURE M. E. ...
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 3 1959

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 _____
Geo. W. Keenan

Licensed Embalmer No. 2983

P. O. Address Leesburg, Va.

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.