

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009092

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 244

FILED APR 6 1959

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Greene</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Greene</b>          |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Springfield</b>  |                                  | c. CITY OR TOWN<br><b>Springfield</b> <u>0396</u>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>841 Hovey</b>   |                                  | d. STREET ADDRESS<br><b>841 Hovey</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>EDITH PEARL RATLIFF</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>March 29, 1959</b>                                       |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>30 Oct. 1878</b>   |
| 9. AGE (In years last birthday)<br><b>80</b>   |                                  | 10. UNDER 1 YEAR<br>Months Days Hours Min.  | 11. UNDER 24 HRS  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Illinois</b>                                     |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>Judson Sperry</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Sylvester Ratliff</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>  |   |
| 17. INFORMANT<br><b>Don Ratliff (Son)</b>  |                                  | Address<br><b>Albany, Missouri</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Few hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   | <b>4201</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Old Coronary Thrombosis + general debility</b>   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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<br><b>Springfield</b>   |                                  | COUNTY STATE  |   |
| 21. I attended the deceased from <b>Dec. 28/58</b> to <b>3/29/59</b> and last saw her alive on <b>Mar 28/59</b><br>Death occurred at <b>4:50</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><b>Senny Krabb, Jr. MD</b>   |                                  | 22b. ADDRESS<br><b>1630 N. Jefferson<br/>Springfield, Missouri</b>  |   |
| 22c. DATE SIGNED<br><b>3/30/59</b>   |                                  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   |   |
| <b>Burial</b>  |                                  | <b>3/31/59</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>J.W. KLINGNER &amp; CO. SPRINGFIELD, MO.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-21-59</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Officer S. Melton</b>  |                                  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Max Rhodes* .....

Licensed Embalmer No. *407* .....

P. O. Address *Springfield* .....

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.