

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028808

FILED VS AUG 17 1959 *32*

Registration District No. _____ Primary Registration District No. *3021* Registrar's No. *144*

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Grundy</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>TRENTON</i>		Length of stay in 1b		c. CITY OR TOWN <i>Trenton</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1914 PRINCETON RD.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1914 Prinseton, Rd</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last <i>Gerna H. Ralston</i>			<i>8</i>			<i>6 1959</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/18.88</i>	9. AGE (last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>12</i> Hours _____ Min. _____	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>		11. BIRTHPLACE (City and state or country) <i>Trenton, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Ben Ralston</i>			13b. MOTHER'S MAIDEN NAME <i>Alice, Luke</i>			14. NAME OF HUSBAND OR WIFE <i>Clara Barlow, Ralston</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>496-10-8446</i>		17. INFORMANT <i>wife</i>		Address <i>19 14 Pr. Rd.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>						<i>2 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <i>arterio sclerosis</i>						<i>6 mos</i>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m.		Month, Day, Year					
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 <i>July 20-59</i> to <i>Aug 6-59</i> and last saw her/him alive on <i>Aug 4-59</i> Death occurred at <i>11:00</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>E.A. Duffy MD</i>				22b. ADDRESS <i>Trenton MO</i>		22c. DATE SIGNED <i>8-8-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8/9.59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Grundy Center</i>		23d. LOCATION (City, town, or county) <i>Trenton, Mo. RFD</i>	
24. FUNERAL DIRECTOR <i>Chas. W. Gipson, Trenton, Mo</i>			25. DATE RECD. BY LOCAL REG. <i>8/10/59</i>		26. REGISTRAR'S SIGNATURE <i>Irene Jaw</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Charles G. Gerson

Licensed Embalmer No. 3109

P. O. Address Detroit

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