URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040317

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5262

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 19 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 E 12
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1019 E 12
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PAUL Middle D Last RATLIFF
4. DATE OF DEATH Month 10 Day 31 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-6-1924
9. AGE (last birthday) 35
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi driver
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Kansas City, Kas. USA
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Ambrose Ratliff
13b. MOTHER'S MAIDEN NAME Rena Fulton
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO. —
17. INFORMANT Ambrose Ratliff Address Bloomington Mo.

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) Probably Barbiturate Poisoning
INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Left note
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10 31 59
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.) Residence
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO
21. I attended the deceased from _____, to _____ and last saw him/her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Hugh E. Owens

22a. SIGNATURE Hugh E. Owens (Degree or title) Coroner
22b. ADDRESS 1834 Prospect
22c. DATE SIGNED 11-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-4-1959
23c. NAME OF CEMETERY OR CREMATORY U.S. National Cem.
23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.
24. FUNERAL DIRECTOR Cassantino Bros ADDRESS KC MO
25. DATE RECD. BY LOCAL REG. 11-2-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leonard Pasantino

Signature of Student Embalmer

Licensed Embalmer No. 455

P. O. Address KC Mo

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