

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

-60-007778

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 46

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles | | Length of stay in 1b 15 yrs | c. CITY OR TOWN St Charles Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 922 So. 4th St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Orville Middle Ratliff Last Ratliff | | | 4. DATE OF DEATH Month Feb. Day 15 Year 1960 | | |
| 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 6/6/1902 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Highway Const. | 11. BIRTHPLACE (City and state or country) Trenton Mo | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Edward Ratliff | | 13b. MOTHER'S MAIDEN NAME Lora Wilson | | 14. NAME OF HUSBAND OR WIFE Florence Ratliff | |
| 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. 490-30-2280 | 17. INFORMANT Address Florence Ratliff St Charles 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) Carcinoma of Stomach with metastases | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
| 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) None | | 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 |

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| 19. WAS AUTOPSY PERFORMED? 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 Hour — Month, Day, Year — a.m. — p.m. — | 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 **Feb. 5, 1960** to **Feb. 15, 1960** and last saw ^{her}him alive on **February 15, 1960**
Death occurred at **2:45 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Don 2. Randall, M.D. | | 22b. ADDRESS 220 S. 6th St. Charles, Mo. | | 22c. DATE SIGNED Feb. 16, 1960 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-17-60 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 23d. LOCATION (City, town, or county) St. Charles, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Arthur C. Baue, St. Charles, Mo. | | 25. DATE RECD. BY LOCAL REG. 2/14/60 | 26. REGISTRAR'S SIGNATURE Maceella Wilson | |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 25 1960

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 David C. Bane

Licensed Embalmer No. 5060

P. O. Address J. J. Clark

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.