

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

-60-007818

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 78

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Francois</u>	Length of stay in 1b	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Francois</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre,</u>	<u>6 days</u>	c. CITY OR TOWN <u>Rt. 1,</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>Bonne Terre,</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>George</u>	Middle <u>Uriah</u>	Last <u>Ratley</u>	Month <u>February</u>	Day <u>27,</u> Year <u>1960</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/1/1891</u>	9. AGE (last birthday) <u>68 years</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 24 HR Hours <u>10</u> Min. <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Miner-Retired</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lorenzo Ratley</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Ann Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia M. Ratley</u>
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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) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>493-03-8815</u>	17. INFORMANT <u>Mrs. Marie Nash, Rt. 1 Bonne Terre</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>	DUE TO (b) <u>Coronary Arteriosclerosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Feb 21, 1960 to Feb 27, 1960 and last saw <sup>her</sup> him alive on Feb 27, 1960  
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. A. Hudstep M.D.</u> (Degree or title)	22b. ADDRESS <u>Farmington Mo</u>	22c. DATE SIGNED <u>2/29/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/29/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park, Rt. 1, Bonne Terre, Mo.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>Sparks Funeral Home Bonne Terre, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 29, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR

**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 John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, N.D.

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.