

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028463

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

816

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fremont Township		c. CITY OR TOWN RFD # 1, Agency	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles NE of Agency		d. STREET ADDRESS (If outside, give location) 5 miles northeast	
3. NAME OF DECEASED (Type or print) First Cecil Middle Hall Last Paul Ratliff		4. DATE OF DEATH Probably Aug 9-61	
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 12-10-06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY furnace company	9. AGE (last birthday) 54
11. BIRTHPLACE (City and state or country) Andrew County, Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Silas K. Ratliff		13b. MOTHER'S MAIDEN NAME May Allison	14. NAME OF HUSBAND OR WIFE unknown
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. 17. INFORMANT Address Art Ratliff, Savannah, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning DUE TO (b) Indigestion after exhaust DUE TO (c) fever			INTERVAL BETWEEN ONSET AND DEATH stroke before
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, PART I or PART II of item 18.) was in car, hose led exhaust to inside of car	
20c. TIME OF INJURY Hour Month, Day, Year am Aug 9 61		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lee Gibson farm	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Buchanan Mo	
21. I attended the deceased from breathed body and last saw him Aug 12-61 Death occurred at a m on the day stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) SE McLaughlin MD Coroner		22b. ADDRESS 274 Kirkpatrick St. Joseph, Mo	
22c. DATE SIGNED Aug 14 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-12-61	23c. NAME OF CEMETERY OR CREMATORY Coffman Cemetery	
24. FUNERAL DIRECTOR ADDRESS BREIT & HAWKINS SAVANNAH		23d. LOCATION (City, town, or county) (State) Andrew County, Missouri	
25. DATE RECD. BY LOCAL REG. Aug 15, 1961		26. REGISTRAR'S SIGNATURE Wm Clark Randall	

DATE AMENDED
9/12/61

INSTEAD OF THIS RECORD ARE AS FOLLOWS
Hall

ITEM NO. SHOULD READ
3 Paul

DOCUMENT BY AFFIDAVIT OF Inf. **SE McLaughlin MD**

SEP 5 1961

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 _____

E. E. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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.