MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006296

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 33

FILED FEB 20 1962

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: TRENTON
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): NEHI'S RESTHOME. 1411 MAIN ST.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: GRUNDY
c. CITY OR TOWN: TRENTON
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1411 MAIN
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Amanda Middle: Last: Ratliff
4. DATE OF DEATH: Month: Feb Day: 12 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug 26, 1879
9. AGE (last birthday): 81
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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Macomb Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James DeVolld
13b. MOTHER'S MAIDEN NAME: Sarah Unknown
14. NAME OF HUSBAND OR WIFE: Chas Ratliff dec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Merle DeVolld Address: Spickard 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): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 30+ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerosis
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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1-1962, to Feb. 12-1962 and last saw her alive on February 11-1962
Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B H Caullers M.D.
22b. ADDRESS: Trenton, Mo.
22c. DATE SIGNED: 2-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/14/1962
23c. NAME OF CEMETERY OR CREMATORY: Maple Grove
23d. LOCATION (City, town, or county) (State): Trenton Missouri.
24. FUNERAL DIRECTOR: Davis-Blackmore Callers ADDRESS: Trenton Mo
25. DATE RECD. BY LOCAL REG.: 2-14-62
26. REGISTRAR'S SIGNATURE: Irene Fair

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Claude H Crandall Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Trenton, Mo

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.