

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010330

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 06 Primary Registration District No. 4149 Registrar's No. 11-1962

VS 300  
Rev. 4/59

10290  
20280

3  
4 0  
5 1  
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7 0  
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9 4200  
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12 90-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

<p><b>FILED MAR 16 1962</b></p> <p>1. COUNTY <u>Crawford</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u></p>		<p>Length of stay in 1b <u>12 years</u></p>	
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u></p>		<p>d. STREET ADDRESS (If outside, give location) <u>508 S. Bond</u></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>William Henry Ratliff</u></p>		<p>4. DATE OF DEATH Month Day Year <u>March 13 1962</u></p>	
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Jan 1 1879</u></p>
<p>9. AGE (last birthday) <u>83</u></p>		<p>IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u></p>	<p>IF UNDER 24 HR Hours <u></u> Min. <u></u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>West Plains, Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.</u></p>	
<p>13a. FATHER'S NAME <u>James Ratliff</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Isabelle Justus</u></p>	
<p>14. NAME OF <del>husband's</del> WIFE <u>Mary Jane Jones</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	
<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>17. INFORMANT <u>Mrs. Mary Jane Ratliff</u> Address <u>Cuba, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>			
<p>IMMEDIATE CAUSE (a) <u>Heart Failure</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Myocardial Infarction</u></p>		<p><u>seconds</u></p>	
<p>DUE TO (c) <u>Arteriosclerotic Ht disease</u></p>		<p><u>years</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, Arteriosclerotic</u></p>			
<p>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</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <u>Aug 59</u> to <u>13 Mar 62</u> and last saw <u>her</u> alive on <u>8 March 62</u>. Death occurred at <u>6:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <u> Gordon W. Ruppel</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Bourbon, Mo.</u></p>	
<p>22c. DATE SIGNED <u>13 Mar 62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>Mar 16 1962</u></p>		<p>23c. NAME OF CEMETERY, OR CREMATORIUM <u>Laurel Hill Memorial Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>St Louis</u> (State) <u>Mo.</u></p>		<p>24. FUNERAL DIRECTOR <u>Norman C. Hoener</u> ADDRESS <u>Cuba, Mo.</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>3-15-1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Paul J. ...</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 22 1962

**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 *Herman A. Green*

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.