MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030715

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 145

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b 40.5
b 410.
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

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: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wrights Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE mo b. COUNTY Harrison
c. CITY OR TOWN Gilman city — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: STEVEN Middle: FRANCIS Last: RATLIFF

4. DATE OF DEATH Month 8 Day 12 Year 1962

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/2/1918
9. AGE (last birthday) 44
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (City and state or country) Davies county
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Earl H. Ratliff
13b. MOTHER'S MAIDEN NAME anna Keith Ratliff
14. NAME OF HUSBAND OR WIFE mary Ratliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT mary Ratliff Address Gilman city 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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombophlebitis Rt Leg. — 6 weeks
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 7-12-62, to 8-12-62 and last saw her/him alive on 8-12-62
Death occurred at 7:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Jeffery (Degree or title) M.D.
22b. ADDRESS Trenton Mo
22c. DATE SIGNED Aug 14th 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/15/1962
23c. NAME OF CEMETERY OR CREMATORY Edinburg IOOF
23d. LOCATION (City, town, or county) Edinburg (State) mo

24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton mo.
25. DATE RECD. BY LOCAL REG. 8-15-62
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1962

SEP 5 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 Claude H Crandall Jr

Licensed Embalmer No. 4986

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.