

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19022

BIRTH NO. _____		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 5326		Registrar's No. 14			
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before (institution). a. STATE Missouri b. COUNTY Crawford					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville, Meramec Twp		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steelville, Mo. Meramec Township					
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) P. R. # 2					
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) MAUDE		c. (Last) RATLIFF		4. DATE OF DEATH (Month) (Day) (Year) JUNE 14, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH 5-28-1884			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 16		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If not stated)			10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME W. E. USERY			13b. MOTHER'S M maiden name Sarah Hagen		14. NAME OF HUSBAND OR WIFE Richard Ratliff				
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'S SIGNATURE OR NAME Address Helene Ramey Steelville					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recurrent attacks prior to fatal one but never called a DUE TO (c) Doctor according to members of family II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Approx 1 1/2 hrs 4:30 P.M.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from died 6-14, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:10 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS Cuba, Mo.		23c. DATE SIGNED 6-15-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Hall, Memorial No.		24d. LOCATION (City, town, or county) (State) Meramec Mo.			
DATE REC'D BY LOCAL REG. 6-15-49		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul A. Skandier, Cuba, Mo.					

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 4828
30

RECEIVED 6/21/49

District Health Officer No. E,

District File Number 649459

Date 6/24/49.

7981 - SE - 5

6761 P1 - 9

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 _____

Paul A. Shanklin

Student Embalmer No. _____

working under my personal supervision.

Signed *Paul A. Shanklin*

Signed _____
Student Embalmer

Licensed Embalmer No. 3472

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 this body is not embalmed, fact should be so stated above.