

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42005

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5936 Registrar's No. 428

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Montgomery</i>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <i>Rural Smithton</i>		c. LENGTH OF STAY (in this place) <i>9 mo</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Richland</i>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Six miles S Smithton</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>THEODORE</i> b. (Middle) <i>A.</i> c. (Last) <i>RATJE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12-7-1949</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Oct 29-1893</i>	9. AGE (in years last birthday) <i>56</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Montpelier CO MO</i>		12. CITIZENRY OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>August Ratje</i>		13b. MOTHER'S MAIDEN NAME <i>Katie Dittmer</i>		14. NAME OF HUSBAND OR WIFE <i>never married</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Red Van Ratje Buckner MO</i>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (c) <i>Epilepsy (Grand mal)</i>			4 20 1
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min)		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 <i>May 1945</i> , to <i>Dec 7, 1949</i> , that I last saw the deceased alive on <i>Dec 1, 1949</i> , and that death occurred at <i>12</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>E. Holtzman MD</i>			23b. ADDRESS <i>Smithton MO</i>		23c. DATE SIGNED <i>12/7/49</i>
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec 9-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fake Creek</i>	24d. LOCATION (City, town, or county) (State) <i>Smithton Pettis County MO</i>	
DATE REC'D BY LOCAL REG. <i>12/9/49</i>		REGISTRAR'S SIGNATURE <i>Patty Yeager</i> 251		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. F. Neuniger Smithton MO</i>	

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

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RECEIVED DEC 12
District Health Officer No. 8,
District File Number.....
Date Filed 12-21-49

DEC 23 1949

JAN 4 1950

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
Student Embalmer

Signed A. F. Nemmiger

Licensed Embalmer No. 3912

P. O. Address Smithton MD

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.