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FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34011

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington Twp. on highway</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buckner 0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. West of Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>Main Street</u>	
3. NAME OF DECEASED (Type or Print) p. (First) <u>James</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Ratliff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 8 - 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5, 1923</u>
9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	IF UNDER 2 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Co. Lexington, Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lilburn W. Ratliff</u>		13b. MOTHER'S MAIDEN NAME <u>Lala Parrot</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Ford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>Not known</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Ratliff, Buckner, Mo.</u>		ADDRESS	
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) <u>Crushing injury of chest</u> ANTECEDENT CAUSES <u>Shock & hemorrhage</u> DUE TO (b) <u>Died of scene of a motor car collision</u> DUE TO (c) <u>Car collision</u> 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 <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On 24 Highway</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lexington Lafayette Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct - 8 - 1950 1:15A</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Motor Car Collision on hwy.</u>			
22. I hereby certify that I attended the deceased from <u>Oct 8, 1950</u> , to <u>Oct 8, 1950</u> , that I last saw the deceased alive on <u>Oct 8, 1950</u> , and that death occurred at <u>1:15A</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Martin M.D. Corcoran</u>		23b. ADDRESS <u>Odemia Mo</u>	
23c. DATE SIGNED <u>10-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>13 Oct 1950</u>		REGISTRAR'S SIGNATURE <u>M. M. Statute</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>James J. ...</u>		ADDRESS <u>...</u>	

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

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-16-50

MAR 29 1951

NOV 2 1950

OCT 27 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *Elmer M. [Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address *Leungton 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.