

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14745**  
Registrar's No. **70**

FILED APR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (In this place) <b>8 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>811 E. Third St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>811 E. Third St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARION</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>RATLIFF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 9, 1953</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 13, 1890</b>	9. AGE (In years last birthday) <b>62</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Delaney, Arkansas</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Letcher Ratliff</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Shackelford</b>	14. NAME OF HUSBAND OR WIFE <b>Mable Brundige Ratliff</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-16-3699</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. M.F. Ratliff</b>	ADDRESS <b>811 E. 3rd, Carthage</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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 <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **6-1-1951**, to **4-9-1953**, that I last saw the deceased alive on **4-8-1953**, and that death occurred at **6:15a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul H. Primer</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Carthage, Mo</b>	23c. DATE SIGNED <b>4-9-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Apr 10-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>
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DATE REC'D BY LOCAL REG. <b>4-10-53</b>	REGISTRAR'S SIGNATURE <b>L.W. Clinton, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary</b>	ADDRESS <b>Carthage, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48

493  
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RECEIVED 4-15-53  
Jasper County Health Office

County File Number 53/4/330

Date Filed 4-15-53

MAY 8 1953

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

Robert H. Krell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.