

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31073

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>Crystal City</u>		c. CITY OR TOWN <u>Crystal City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>113 Taylor Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Siva</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Ratter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 54</u>
-------------------------------------	------------------------	-----------------------	-------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT. 10, 1905</u>	9. AGE (In years last birthday) <u>48</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	if UNDER 10 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECRETARY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wooden Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>George B. Worden</u>	13b. MOTHER'S MAIDEN NAME <u>Etta Bowles</u>	14. NAME OF HUSBAND OR WIFE <u></u>
--	--	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucretia Plitto Crystal City Mo</u>	ADDRESS <u></u>
---	---------------------------------	--	-----------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Large Bowel</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 8 Mo.</u>
	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 <u>153 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 9-20, 1951, to 9-29, 1954, that I last saw the deceased alive on Sept 28, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D. Plitto</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>112 Mississipp Ave</u>	23c. DATE SIGNED <u>9-30-54</u>
-----------------------------------	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Edwardsville Ill.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-30-54</u>	REGISTRAR'S SIGNATURE <u>James C. Regan</u>	501	25. GENERAL DIRECTOR'S SIGNATURE <u>Lucretia C. Plitto</u>	ADDRESS <u>Crystal City Mo.</u>
---	---	-----	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0501

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

OCT 5 1954

OCT 5 1954

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 *Quincy B. Platte*

Licensed Embalmer No. *348*

P. O., Address *Crystal*

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.