

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23182

State File No. ....

FILED AUG 2 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>71</u>				
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Louisiana</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY OR TOWN <u>Louisiana</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>South Third St.</u>				<u>082/0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u>			b. (Middle)			c. (Last) <u>RALSTON</u>				
4. DATE OF DEATH <u>JULY 24, 1955</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>Aug. 28, 1882</u>			9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Laborer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co., Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Bazzle Ralston</u>			13b. MOTHER'S MAIDEN NAME <u>Penix Crowder</u>			14. NAME OF HUSBAND OR WIFE <u>viola Ralston</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lester Ralston, Louisiana, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Advanced Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Psoas Muscule Abscess</u> DUE TO (c) <u>Peri-rectal Abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> <u>2 yrs</u> <u>1 1/2 yrs</u> <u>1 1/2 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>002 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>6-8, 1954</u> to <u>7-24, 1955</u> , that I last saw the deceased alive on <u>7-23, 1955</u> , and that death occurred at <u>3:47</u> m., from the causes and on the date stated above.										
23. SIGNATURE (Degree or title) <u>Chas. H. Lullien M.D.</u>				23b. ADDRESS <u>Louisiana, Missouri</u>				23c. DATE SIGNED <u>7-25-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Illinois</u>				
DATE REC'D BY LOCAL REG. <u>8/1/55</u>		REGISTRAR'S SIGNATURE <u>Demice Pollock 3742</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, MO.</u>					

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

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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 *Virginia M. Stearns*.....

Licensed Embalmer No. *464*

P. O. Address *Louisiana*.....

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.