

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>			
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Memphis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>				STREET ADDRESS (If rural, give location) <u>0990</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>			b. (Middle) _____		c. (Last) <u>Ralph</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1956</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>March 12 1891</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis, Scotland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Earl Ralph</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Ralph</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>490-18-6696</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Ralph</u>		ADDRESS <u>Memphis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PAPILLARY ADENOCARCINOMA OF URINARY BLADDER WITH OBSTRUCTION OF URETERS - UREMIA AND HEMORRHAGE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12-13 To 1953</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 <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</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) <u>181X</u>			
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 <u>Feb 8</u> , 19 <u>56</u> , to <u>Feb 12</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Feb 11</u> , 19 <u>56</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Earl Hanger Jr Do 2</u>				23b. ADDRESS <u>Berksville, Mo</u>		23c. DATE SIGNED <u>2-13-56</u>	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 14 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis, Scotland, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-13-56</u>		REGISTRAR'S SIGNATURE <u>Rate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith and Brackett</u>		ADDRESS <u>Memphis, Mo.</u>	

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

OCT 24 1957

JUN 18 1957

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 *Donald E. Foster*

Licensed Embalmer No. *474*

P. O. Address *Fukaville*

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.