

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9965

State File No. ....

FILED APR 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>2048</u>		Registrar's No. <u>111</u>			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo-</u> b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY OR TOWN <u>Ravenwood</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>St Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0740</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elnora</u> b. (Middle) <u>Bell</u> c. (Last) <u>Ralston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-1956</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug-27-1883</u>			
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 1 WKS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Tarkio - Mo -</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home-own-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tarkio - Mo -</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Marchel</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Si Ralston</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Si Ralston - Ravenwood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>				DUE TO (b) <u>Cerebral Arteriosclerosis</u>				<u>20 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertensive C-V Disease</u>				<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Chronic Bronchitis</u>				<u>10 yrs</u>	
<u>Diabetes mellitus</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>443x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>3/18</u> , 19 <u>56</u> , to <u>4/6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/6</u> , 19 <u>56</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>4/7/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-8-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cem -</u>		24d. LOCATION (City, town, or county) (State) <u>Blanco Long</u>			
DATE REC'D BY LOCAL REG. <u>4-14-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Maryville Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *G M Atchison*.....

Licensed Embalmer No. *227*.....

P. O. Address *Manassas*.....

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.