

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1956

State File No. 27678

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Palmyra		c. LENGTH OF STAY (in this place) 43 years	c. CITY OR TOWN Palmyra
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 W. Main Cross		STREET ADDRESS (If rural, give location) 506 W. Main Cross	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Abram	c. (Last) Ralph	4. DATE OF DEATH (Month) (Day) (Year) Aug. 23 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 March 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer Ret. Swift & Co.	10b. KIND OF BUSINESS OR INDUSTRY D.O.	11. BIRTHPLACE (City and State or Foreign Country) Ursa, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Archie J. Ralph	13b. MOTHER'S MAIDEN NAME Anna Spears	14. NAME OF HUSBAND OR WIFE Abbie E. Ralph
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-01-4108	17. INFORMANT'S SIGNATURE OR NAME Mrs. A.W. Durham, Palmyra, Mo.	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen Arteriosclerosis		
	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 _____	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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 1, 1940**, to **Aug 23, 1956**, that I last saw the deceased alive on **Aug 23, 1956** and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or Title) MD	23b. ADDRESS Palmyra Mo	23c. DATE SIGNED 8/24/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 25 Aug. 1956	24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	24d. LOCATION (City, town, or county) (State) Quincy, Illinois
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DATE REC'D BY LOCAL REG. 8/24/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Palmyra, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 12 1956
MARION CO. HEALTH DEPT.
DATE FILED SEP 12 1956

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 *George M. Lewis*.....

Licensed Embalmer No. 4851.....

P. O. Address Palmyra, Mo......

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.