

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23389

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>255</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>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forkville</u>		c. LENGTH OF STAY (in the place) <u>4 days</u>	c. CITY OR TOWN <u>Bucklin</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>H.O.H.</u>			e. STREET ADDRESS (If rural, give location) <u>0580</u>		
3. NAME OF DECEASED (Type or Print) (First) <u>MARtha</u>		b. (Middle) _____	c. (Last) <u>RALLIFF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1957</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>Apr. 28, 1876</u>	9. AGE (To years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>2</u> Hours <u>20</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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brawford County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara</u>	14. NAME OF HUSBAND OR WIFE <u>John Riley Ralliff</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irvin Ralliff, New Columbia, Mo.</u> ADDRESS _____			
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, athermia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>paralytic ileus</u>			<u>1 week</u>		
DUE TO (c) <u>Chronic pyelonephritis</u>			<u>unknown</u>		
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? <u>2</u> 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>5701 -</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>July 14, 1957</u> , to <u>July 18, 1957</u> , that I last saw the deceased alive on <u>July 8, 1957</u> , and that death occurred at <u>5:02 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. J. Guttersohn M.D.</u> (Degree or Title)			23b. ADDRESS <u>Forkville, Mo.</u>		23c. DATE SIGNED <u>7-18-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-20-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hollberry, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-18-57</u>		REGISTRAR'S SIGNATURE <u>Doris W. Ralliff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. A. Larson, Bucklin, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. A. Larson*.....

Licensed Embalmer No. *408*

P. O. Address *Bucklin*.....

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.