

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043846  
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 183

300  
-57

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>GRUNDY</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>TRENTON</b> 04020		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1203 W 14th</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1203 W 14th</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>LEARoy</b> Last <b>Ratliff</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>12</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 4, 1899</b>		9. AGE (In years last birthday) <b>57</b> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agriculture</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>GRUNDY COUNTY Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Stephen Ratliff</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA WITTEN</b>	
14. NAME OF HUSBAND OR WIFE <b>AMANDA RATLIFF</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>AMANDA RATLIFF</b>		Address <b>TRENTON Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute congestive heart failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>about 3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4500</b>			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>April 18-1957</b> to <b>Dec 12-1958</b> and last saw <sup>him</sup> alive on <b>Dec 12-1958</b> Death occurred at <b>Hickory, Trenton, Mo</b> <b>7:30 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. H. Callers</b>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Trenton Mo.</b>	
22c. DATE SIGNED <b>12-13-58</b>					
23a. BURIAL, CREMATION, REMOVAL (specify) <b>Burial</b>		23b. DATE <b>Dec 14, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	
23d. LOCATION (City, town, or county) <b>Trenton, Missouri</b>		(State)			
24. FUNERAL DIRECTOR <b>J. Gordon Blackman</b>		ADDRESS <b>Trenton, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12/14/58</b>	
26. REGISTRAR'S SIGNATURE <b>J. Gene Fair</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 9 1959

### 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 *Claude H. Cramble* .....

Licensed Embalmer No. *4926* .....

P. O. Address .....

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.