

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025374

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002
STATE FILE NUMBER 3211
Registrar's No. 3211

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4617 Forest | | Length of stay in lb. 45yrs. | d. STREET ADDRESS (If outside, give location) 4617 Forest Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First John Middle Owen Last Ratchford | | | 4. DATE OF DEATH Month 6 Day 29 Year 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3-26-1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer | | 10b. KIND OF BUSINESS OR INDUSTRY K.C. Mo. | 11. BIRTHPLACE (City and state or country) Leavenworth, Kansas |
| 13a. FATHER'S NAME John Joseph Ratchford | | 13b. MOTHER'S MAIDEN NAME Katherine Campbell | 14. NAME OF HUSBAND OR WIFE Helen K. Ratchford |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 494-16-8420 | 17. INFORMANT Address Mrs. Helen K. Ratchford 4617 Forest K.C. Mo. |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion. | | INTERVAL BETWEEN ONSET AND DEATH acute + chronic |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary Arteriosclerosis | " |
| | DUE TO (c) associated - gradual when. | 4 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Varicose Veins of legs | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none |
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| 20c. TIME OF INJURY Hour a.m. p.m. none | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 20f. CITY, TOWN, OR LOCATION Kansas City | COUNTY Mo | STATE Mo |
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| 21. I attended the deceased from 1-8-57 to 6-29-59 and last saw him alive on 5-15-59 . Death occurred at Saturday, 6-29-59 m on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE W.H. Myers MD | 22b. ADDRESS 1115 Grand Ave Mo |

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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | 23b. DATE 7-2-1959 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) Kansas City | (State) Missouri |
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| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar | ADDRESS 20 W. Linwood K.C. Mo. | 25. DATE RECD. BY LOCAL REG. 6-30-59 | 26. REGISTRAR'S SIGNATURE Irene Marshall |
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MEDICAL CERTIFICATION

Dr. W. A. ...
Shukert
V. 9-3925
12:30 P.

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 *Wm H. Lantz*

Licensed Embalmer No. 5038

P. O. Address K.C. 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.