URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-011884

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Barnett (Moreau) — Length of stay in 1b: 4 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Noser Camp — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Morgan
c. CITY OR TOWN: Barnett (Moreau) — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ANNIE Middle MAE Last RATCLIFF
4. DATE OF DEATH: Month March Day 19 Year 1960
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-1-82
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemeker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Morgan Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jessie Ratcliff
13b. MOTHER'S MAIDEN NAME: Catherine Routon
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Elmer Ratcliff Address: Barnett, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Myocardial degeneration
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 1958, to March 19, 1960 and last saw her alive on Nov 27 1959
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl T Buchler Jr M.D.
22b. ADDRESS: Eldon Mo
22c. DATE SIGNED: 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-21-60
23c. NAME OF CEMETERY OR CREMATORY: Dooley
23d. LOCATION (City, town, or county) (State): Eldon Mo.

24. FUNERAL DIRECTOR: Louis D. Phillips ADDRESS: Eldon
25. DATE RECD. BY LOCAL REG.: 3-22-60
26. REGISTRAR'S SIGNATURE: J L Vaughn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER MAR 31 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 36632

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.