

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015590

FILED VS. APR 26 1960

149

Primary Registration District No. 1002

Registrar's No.

2000

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 Months		c. CITY OR TOWN Platte 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 Woodland Nurshing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First William Middle Werline Last Ratliff				4. DATE OF DEATH Month April Day 6 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12-8-1884		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Forman				10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and state or country) Platte County, Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME John Ratliff				13b. MOTHER'S MAIDEN NAME Nannie Fleshman				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 486-01-5538-A		17. INFORMANT Address Mrs. Grundy Tate, K.C. Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Arteriosclerosis + Talmi Dorsali PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH 1 wk			
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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year											
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 Jan 58 to Apr. 60 and last saw her him live on _____ Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W Blackwell, M.D. (Degree or title)						22b. ADDRESS Platte City, Mo			22c. DATE SIGNED 4-7-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-6-1960		23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery		23d. LOCATION (City, town, or county) Platte City, Missouri (State)							
24. FUNERAL DIRECTOR Rollins-Mitchell ADDRESS PLATTE CITY, MO. 4-8-60				25. DATE RECD. BY LOCAL REG. 4-8-60		26. REGISTRAR'S SIGNATURE new mirshaff							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Tommy R. Rollins, Student Embalmer No. 584
working under my personal supervision.

Student Tommy R. Rollins Signed Roland M. Gifford
Signature of Student Embalmer

Licensed Embalmer No. 4725
P. O. Address Platte City, 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.