

JUN 4 1956

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH H.C.M. Hospital 13423

REGISTRATION DISTRICT NO. 86-60 REGISTRAR'S CERTIFICATE NO. 100

This is a legal record and will be permanently filed.

1-2
343
Type or write legibly. Use black ink.

2

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer, (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY Surry		b. TOWNSHIP Elkin		c. LENGTH OF STAY (in Ia) 30 Years		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Surry			
d. CITY OR TOWN Elkin		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				c. CITY OR TOWN Elkin			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hugh Chatham Mem. Hospital		d. STREET ADDRESS or R. F. D. NO. West Main St.				Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) John Edgar Ratledge			4. DATE OF DEATH May 14, 1956						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 6-9-1918	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John W. Ratledge			14. MOTHER'S MAIDEN NAME Elsie Jones			NAME OF HUSBAND OR WIFE Ruth M. Ratledge-Wife			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W/W/ 2		17. INFORMANT'S NAME AND ADDRESS Mrs. Ruth M. Ratledge- Elkin, N.C.					
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Third + Second Degree Burns 90% Body Surface 4 hrs. ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (Gasoline Explosion) DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9/66								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Gasoline Explosion at a Service Station in Elkin							
20c. TIME OF INJURY 5-14-56 10:00am		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.) Refueling station		20f. CITY OR TOWNSHIP COUNTY STATE Elkin Surry N.C.			
21. I attended the deceased from 5-14-56 , 19... to 5-14-56 , 19... and last saw him alive on 5-14-56 , 19... Death occurred at 2:20 P.M. on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE H. Johnson M.D.			22b. ADDRESS Elkin N.C.			22c. DATE SIGNED 5-22-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 26, 56		23c. NAME OF CEMETERY OR CREMATORY 56 Crestwood Mem. Park		23d. LOCATION (City, town, or county) (State) Elkin, N.C.			
24. DATE REC'D BY LOCAL REG. 5/24/56		25. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR ADDRESS Alexander & Stevenson- Elkin, N.C.					