

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22833

State File No. \_\_\_\_\_

21

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>2250</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>					
b. CITY OR TOWN <u>BRUNSWICK RURAL</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY OR TOWN <u>BRUNSWICK</u>		21			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u>			b. (Middle) <u>A.</u>		c. (Last) <u>RAGLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-19-1884</u>		9. AGE (In years last birthday) <u>65</u> If under 1 year: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HAIRIST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HONEY RAISER</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALEXANDER RAGLAND</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA BALOWIN</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA RAGLAND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. A.O. VEIDHOLDT</u>				ADDRESS <u>BRUNSWICK MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pulmonary hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>  <u>20 yrs</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>002K</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4/15</u> , 19 <u>47</u> , to <u>7/11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/11/49</u> , 19____, and that death occurred at <u>11:25 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A.D. Stearns, M.D.</u>				23b. ADDRESS <u>Brunswick, Mo.</u>				23c. DATE SIGNED <u>7/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSKANA</u>		24d. LOCATION (City, town, or county) <u>MOBERLY MISSOURI</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>7-14-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. J. ...</u>			56		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. McLeod</u>		
							ADDRESS <u>Brunswick</u>		

Mo

RECEIVED AUG 2  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 8-12-49

SEP 17 1949

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.

Signed L. Meersel

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Breuninger N

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 this body is not embalmed, fact should be so stated above.