

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH2086
State File No. _____FILED JAN 22 1952-52
BIRTH NO. 2465-52 REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) 40 MINUTES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		0690			
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 W. LOCUST				d. STREET ADDRESS (If rural, give location) 402 W. LOCUST					
3. NAME OF DECEASED (Type or Print) a. (First) (BABY)			b. (Middle) RAGSDALE			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) JAN. 17, 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED			
8. DATE OF BIRTH JAN. 17, 1952		9. AGE (In years last birthday) —		10. MONTHS —		11. DAYS —			
12. HOURS 40		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME OTIS RAGSDALE JR.		13b. MOTHER'S MAIDEN NAME TWILA LOUELLA MILLER		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Otis Ragsdale Jr. Paris, Mo.		ADDRESS			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature infant (6 1/2 months)				INTERVAL BETWEEN ONSET AND DEATH 40 minutes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776x				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) (Min.)		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 1-17, 1952 , to 1-17, 1952 , that I last saw the deceased alive on 1-17, 1952 and that death occurred at 1:40 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE F. A. Barnett M.D.				23b. ADDRESS Paris, Mo.		23c. DATE SIGNED 1-18-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-17-52		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS MISSOURI			
DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE F. A. Barnett, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Frank Blakey		ADDRESS PARIS, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

PARIS, MISSOURI

P. O. Address.....

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.