

STANDARD CERTIFICATE OF DEATH

21433

State File No.

FILED JUN 19 1952

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 184

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Sedaliac. LENGTH OF
STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Ionia 1800d. STREET
ADDRESS

(If rural, give location)

None

3. NAME OF DECEASED

(Type or Print)

a. (First)

Minnie

b. (Middle)

M.

c. (Last)

Ragar

4. DATE

(Month)

(Day)

(Year)

OF

DEATH June 6, 1952

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 1, 1879

9. AGE (In years
last birthday)

72

10. UNDER 1 YEAR

Months

7

Days

5

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR IN-
DUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Pettis County, Mo.

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Allen N. Bowlin

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Wm. E. Ragar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Virgil Ragar, Sedalia, 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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

Metastases to Liver

INTERVAL BETWEEN
ONSET AND DEATH

6-12 mo

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

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)

m.

21e. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18 1952, to June 6, 1952, that I last saw the deceased
alive on June 6, 1952, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

J. L. Walter M.D.

23b. ADDRESS

Sedalia Mo

23c. DATE SIGNED

June 7-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

June 7, 1952

24c. NAME OF CEMETERY OR CREMATORY

Ionia Cemetery

24d. LOCATION (City, town, or county)

Ionia, Mo.

(State)

DATE REC'D BY LOCAL
REG

6/7/52

REGISTRAR'S SIGNATURE

R. Campbell

25. FEDERAL DIRECTOR'S SIGNATURE

R. E. Owens

ADDRESS

Sedalia, Mo.

(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 _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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 this body is not embalmed, fact should be so stated above.