

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2639

2639

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 26

883

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly 0883</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>112 Kirby</b>		d. STREET ADDRESS (If rural, give location) <b>112 Kirby</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>May</b> b. (Middle) <b>Viola</b> c. (Last) <b>Hamilton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 20 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 11<sup>th</sup> 1875</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR: Months <b>8</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>John W Ragsdale</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Dixon</b>	
14. NAME OF HUSBAND OR WIFE <b>Ira</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ira Hamilton</b>		ADDRESS <b>Moberly</b>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ArterioSclerosis and Hypertension</b>		DUPLICATE OF (a) <b>ArterioSclerosis and Hypertension</b>				<b>??</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.		<b>447X</b>					
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 **Jan 1**, 1953, to **Jan 20, 1953**, that I last saw the deceased alive on **Jan 20, 1953** and that death occurred at **4 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Thos. S. Fleming</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>Moberly, Mo.</b>		23c. DATE SIGNED <b>Jan 21</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-22-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahon and Son, Moberly, Mo.</b> ADDRESS			

DATE REC'D BY LOCAL REG. <b>1-22-53</b>		REGISTRAR'S SIGNATURE <b>Leah Therman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahon and Son, Moberly, Mo.</b> ADDRESS	
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FEB 6 1959

**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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.