

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4509

State File No. ....

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 5

1030  
1

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

1. PLACE OF DEATH a. COUNTY <b>Shelby county</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lakenan, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lakenan, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None Jackson Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>R.</b> c. (Last) <b>RAGAR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-14-1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-3-1885</b>		9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>11</b> IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shelby, Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Felix Ragar</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Stevenson</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-28-9886</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ora Loomis, Eldon, Ia.</b> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10, 1953 to 1/14, 1953, that I last saw the deceased alive on 12/23, 1952, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>T. J. Beckler, M.D.</b> (Degree or title)		23b. ADDRESS <b>Shelbina, Mo.</b>		23c. DATE SIGNED <b>1/24/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-17-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zutts Cmty.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Marion, Co. Mo.</b>			

DATE REC'D BY LOCAL REG. <b>1-24-53</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkeley-Hawkins, Shelbina, Mo.</b> ADDRESS	
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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

*W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address *Shelton Md*

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.