

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17016**

FILED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5103** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Benton 00801</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton 21081</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW Sunday 16 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warsaw St I 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>6 1/2 N.W. Warsaw</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>RUTH</b> b. (Middle) <b>OLIVE</b> c. (Last) <b>RAGAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 11, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Oct 2, 1859</b>
9. AGE (In years last birthday) <b>93</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	IF UNDER 1 MTH. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri 0</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Rev. Jacob Wagoner</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Andrews</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Annie S. Ragan</b>		ADDRESS <b>Warsaw</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNK</b>	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>794X</b>	
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) <b>3:30 P.M. 5/11/53</b>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>April 1952</b> , to <b>11 May, 1953</b> , that I last saw the deceased alive on <b>8 May, 1953</b> , and that death occurred at <b>2:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>David Glenn</b>		23b. ADDRESS <b>M.W.D. Warsaw Mo.</b>	
23c. DATE SIGNED <b>12 May 53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>May 13, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridgeway Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Ridgeway Harrison Co. Mo.</b>		DATE REC'D BY LOCAL REG. <b>May 12 1953</b>	
REGISTRAR'S SIGNATURE <b>Jos. A. Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Reese</b>	
ADDRESS _____		ADDRESS <b>Warsaw</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

3. No. 300  
v. 10.48

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

*Jack H. Riser*

Licensed Embalmer No. 4643

P. O. Address Warsaw, 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.