

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21998**

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 98

0512
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WARRENSBURG HOLDEN</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 YR</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>R.F.D. MADISON TWP</u>		d. STREET ADDRESS (If rural, give location) <u>HOLDEN MO 0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEDICAL CENTER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) <u>E.</u> c. (Last) <u>RAGSDALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1953</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 1 1880</u>
9. AGE (in years) <u>73</u> if UNDER 1 YEAR: Months <u>3</u> Days <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHAPEL HILL MO</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>THOMAS A RAGSDALE</u>		13b. MOTHER'S MAIDEN NAME <u>PARTHENIA EARLY FANNY R RAGSDALE</u>	
14. NAME OF HUSBAND OR WIFE <u>FANNY R RAGSDALE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>FANNY R RAGSDALE</u> ADDRESS <u>HOLDEN, MO.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self Inflicted Gun Shot</u> <u>Injured in Head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
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 <u>976X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE <u>suicide</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R.F.D. Holden Johnson MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 30 1953</u>		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 _____, 1953 to _____, 19____, that I last saw the deceased deceased on June 30, 1953 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D.</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Johnson Co.</u>		23c. DATE SIGNED <u>July 1 1953</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 2 '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>HOLDEN MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Kapp</u>		ADDRESS <u>Holden MO</u>	
DATE REC'D BY LOCAL REG. <u>July 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Savannah Northfield</u>		147	

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EMBALMED
JUL 7 1953
JOHNSON COUNTY HEALTH DEPT.

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

M. L. Cunday

Licensed Embalmer No. 3484

P. O. Address Holden 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.