

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38386

FILED NOV 27 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 6

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> |  |
| b. CITY (If outside corporate limits, write RURAL, and give township)<br><u>Poplar Bluff</u> | c. LENGTH OF STAY (In this place)<br><u>3 wks.</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Neelyville</u> <u>0120</u>                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Doctor's Hospital - Poplar Bluff</u>           |  | d. STREET ADDRESS (If rural, give location)<br><u>Gen. Del.</u>  |  |

|   |                                  |  |   |  |   |                             |
|---|----------------------------------|--|---|--|---|-----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Theodore</u> b. (Middle) <u>Dexter</u> c. (Last) <u>Ragsdale</u> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 16, 1953</u> |  |   |                             |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u> | 8. DATE OF BIRTH<br><u>Mar. 19, 1874</u>                      | 9. AGE (In years last birthday)<br><u>79</u> | IF UNDER 1 YEAR Months Days                   | IF UNDER 2 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>                         | 11. BIRTHPLACE (State or foreign country)<br><u>Indiana</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |                             |

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Rebecca Ragsdale</u> |
|--------------------------------------|---|--|

|   |                                    |  |                    |
|---|------------------------------------|--|--------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u></u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Rebecca Ragsdale - Neelyville, Mo.</u> | ADDRESS<br><u></u> |
|---|------------------------------------|--|--------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Arteriosclerotic heart disease</u>   |  | <u>unk</u>                       |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized arteriosclerosis</u><br>DUE TO (c) <u></u> |  | <u>unk</u>                       |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of the prostate</u>   |  |  |                                  |

|                                   |   |   |
|-----------------------------------|---|---|
| 19a. DATE OF OPERATION<br><u></u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>4200 H</u> | 20. AUTOPSY?<br>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 October 15, 1953, to November 14, 1953, that I last saw the deceased alive on November 16, 1953, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

|  |  |  |
|--|--|--|
| 23a. SIGNATURE (Degree or title)<br><u>Robert C. Engelhardt M.D.</u> | 23b. ADDRESS<br><u>100 So Main St Poplar Bluff, Mo</u> | 23c. DATE SIGNED<br><u>Nov. 17, 1953</u> |
|--|--|--|

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Nov. 18, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Poplar Bluff, Mo.</u> |
|--|-----------------------------------|--|---|

|   |   |   |                                 |
|---|---|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>11/18/53</u> | REGISTRAR'S SIGNATURE<br><u>RN M...re</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Black's Mortuary</u> | ADDRESS<br><u>Corning, Ark.</u> |
|---|---|---|---------------------------------|

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

RECEIVED  
NOV 23 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Roman J. Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.