

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8135**

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4153** Registrar's No. **54-24**

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lockwood Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>So. Greenfield Mo rtl</b>	
c. LENGTH OF STAY (If this place) <b>1wk</b>		d. STREET ADDRESS (If rural, give location) <b>South twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Ragsdale</b>			4. DATE OF DEATH <b>Mar 10 1954</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov 5 1880</b>		
9. AGE (In years last birthday) <b>73</b>		if UNDER 1 YEAR Months <b>4</b> Days <b>5</b>		if UNDER 24 HRS. Hours <b>5</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>merchant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>seymore Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>usa</b>					

13a. FATHER'S NAME <b>Andrew J Ragsdale</b>	13b. MOTHER'S MAIDEN NAME <b>Mary L Ragsdale</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Ragsdale</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Ragsdale</b>	ADDRESS <b>So Greenfield Mo rtl</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>one month</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Nephrosclerosis</b>		<b>2 years</b>
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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>446x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-28-1952**, to **3-10-1954**, that I last saw the deceased alive on **3-10-1954**, and that death occurred at **12:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Max Heilburn M.D.</b>	23b. ADDRESS <b>Lockwood, Mo</b>	23c. DATE SIGNED <b>3-11-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 14 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	24d. LOCATION (City, town, or county) (State) <b>Dade co Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-13-54</b>	REGISTRAR'S SIGNATURE <b>J. C. Canada 478</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison</b>	ADDRESS <b>Greenfield Mo.</b>
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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. R. Allison

Licensed Embalmer No. 4404

P. O. Address Sheepfield

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.