

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24166**

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. <b>124</b>  |  | REG. DIST. NO. <b>316</b>  |  | PRIMARY REG. DIST. NO. <b>3059</b>   |  | Registrar's No. <b>221</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b> |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Bonne Terre</b>  |  | c. LENGTH OF STAY (In this place)<br><b>0940</b>   |  | c. CITY OR TOWN<br><b>0940</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>   |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>rural liberty Twsp near Farmington</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>William</b> b. (Middle) <b>Henry</b> c. (Last) <b>Ragsdale</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 20 1954</b> |  |  |  |  |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>                               | 8. DATE OF BIRTH<br><b>Jan 1 1875</b>                        |  | 9. AGE (In years last birthday)<br><b>79</b> | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>19</b>  | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Perry County Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Anthony Ragsdale</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah McDowell</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Luvinia Porter Ragsdale</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. William Henry Ragsdale Farmington, MO</b>   |  |  |  |
| 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Cerebral Arteriosclerosis</b> <b>3 years</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Essential Hypertension <b>10 years</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><b>332X</b>  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>none</b>   |  | 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) (Min.)  |  | 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 <b>July 17, 1954</b> , to <b>July 20, 1954</b> , that I last saw the deceased alive on <b>July 20, 1954</b> , and that death occurred at <b>7:55 P. M.</b> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Alvan G. Karaker M.D.</b>  |  |  |  | 23b. ADDRESS<br><b>316 So Washington, Farmington, MO</b>   |  | 23c. DATE SIGNED<br><b>JUL 24 1954</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>July 23 1954</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Parkview</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Farmington MO</b>  |  |  |  |
| DATE REC'D BY LOCAL REG.<br><b>July 24, 1954</b>  |  | REGISTRAR'S SIGNATURE<br><b>Eather Rudloff</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>COZEAN, FARMINGTON MO</b>   |  | ADDRESS  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1959

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.....  
Signature of Student Embalmer

Signed.....  
*Choyan*  
Licensed Embalmer No. 40

P. O. Address *Farmington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.