

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9951

State File No.

FILED MAR 26 1958

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 8

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>NEWTON</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>NEWTON</u>
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CARTER NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>CARTER NURSING HOME</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NETTIE</u>	b. (Middle) <u>F.</u>	c. (Last) <u>RAGAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 15. 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>AUG. 21. 1877</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ALTERATION LADY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DRY CLEANERS</u>	11. BIRTHPLACE (State or foreign country) <u>LAWRENCE COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>P. B. ASKINS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY L. CANADY</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No NONE</u>	16. SOCIAL SECURITY NO. <u>496-07-6385</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GOLDIE MAYFIELD Neosho Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease 1yr</u></p> <p>ANTECEDENT CAUSES</p> <p>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) _____</p> <p align="center">DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	<p align="center">INTERVAL BETWEEN ONSET AND DEATH</p>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	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 10/4/55, 1955, to 3/13, 1956, that I last saw the deceased alive on 3/13, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles D. Lester D.O.</u>	23b. ADDRESS <u>Granby, Mo.</u>	23c. DATE SIGNED <u>3/18/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 17, 1956</u>	REGISTRAR'S SIGNATURE <u>M. B. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Woolly Thompson Jr. Neosho Mo.</u>
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NEOSHO, MISSOURI

1911

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

Leo G. Whitaker

Licensed Embalmer No. 4780

P. O. Address Neosho, 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.