

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22576

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Butler	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Nursing Home #812 N. Washington St.		d. STREET ADDRESS RFD (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Rachel Middle McCall Last RAGAN		4. DATE OF DEATH Month June Day 10 Year 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 87
11. BIRTHPLACE (City and state or country) Johnson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jess Cox		14. MOTHER'S MAIDEN NAME Isabella	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Robert McCall		Address Butler, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 493X
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 6/9/56 to 6/10/56 and last saw her ^{her} _{from} alive on 6/9/56 Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. E. Morris, M.D.		22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 6/13/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-13-1956	23c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery	23d. LOCATION (City, town, or county) (State) Butler Bates Mo.
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo		25. DATE RECD. BY LOCAL REG. 6-23-56	26. REGISTRAR'S SIGNATURE Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence O. Tuley*.....

Licensed Embalmer No. *4*.....

P. O. Address *Wash.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.