

FILED OCT 2 1956 STANDARD CERTIFICATE OF DEATH

State File No. **31768**

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443** Registrar's No. **217**

1. PLACE OF DEATH a. COUNTY Randolph Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville Mo.		c. LENGTH OF STAY (in this place) 8Yr.	c. CITY OR TOWN Huntsville
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Library Street		e. STREET ADDRESS (If rural, give location) Library Street	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) Lillie c. (Last) Ragsdale			4. DATE OF DEATH (Month) (Day) (Year) Sept 20, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 14, 1879	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City, town, or Foreign Country) Monroe Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert W. Atkinson		13b. MOTHER'S MAIDEN NAME Mollie Crim		14. NAME OF HUSBAND OR WIFE Ed. Ragsdale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-14-0309		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mattie Bell Overfelt, Sedalia Mo.	

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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH minutes
	ANTECEDENT CAUSES DUE TO (b) Hypertension		
	DUE TO (c) Arteriosclerosis		
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 —	20. AUTOPSY? 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) 331x
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 **June**, 1954, to **Sept 20, 1956**, that I last saw the deceased alive on **Sept 19, 1956**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. C. Epler, D.O.	23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Holiday
		24d. LOCATION (City, town or county) (State) Holiday Mo.

DATE REC'D BY LOCAL REG 9-24-1956	REGISTRAR'S SIGNATURE Mary H. Bentley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Patton, Sns, Huntsville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed..... *Paul Patton*

Licensed Embalmer No. *4095*

P. O. Address *Huntsville*

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.