

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38408**

FILED NOV 29 1956

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4241</u>		Registrar's No. <u>201</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove</u>		d. STREET ADDRESS (If rural, give location) <u>City 1000</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>								
3. NAME OF DECEASED (First) <u>Joseph W</u> (Middle) <u>Ragsdale</u> (Last) <u>Ragsdale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 - 1956</u>					
5. SEX <u>M</u> COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		6. DATE OF BIRTH <u>Oct 24 - 1874</u>		9. AGE (in years last birthday) <u>82</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 2 HRS. <input type="checkbox"/> MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or give if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chaph Hill Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas Ragsdale</u>		13b. MOTHER'S MAIDEN NAME <u>Partenia Easley</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby B Ragsdale</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ragsdale Oak Grove Mo</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemic Premeric left brain</u> <u>Emb</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia left</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>5 years</u>	
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) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>490X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		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 <u>Nov 11, 1956</u> to <u>Nov 13, 1956</u> that I last saw the deceased alive on <u>Nov 13, 1956</u> and that death occurred at <u>5 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Doctor W.D.</u> (Degree or title)				23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>11/13/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Jack Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov 16 - 1956</u>		REGISTRAR'S SIGNATURE <u>N. B. Longford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Oak Grove Mo</u>				

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

NOV 2 6 1933

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.