No. 300
10.48

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

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42003

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4263 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novelty
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN: Novelty
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 252 C

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): BELLE
c. (Last): RAGCLIFF

4. DATE OF DEATH (Month) (Day) (Year): Dec 3, 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 23 Mar 1864

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Knox County

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Wright

13b. MOTHER'S MAIDEN NAME: Salinda Davis

14. NAME OF HUSBAND OR WIFE: Eugene Ragcliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Opal Van Osdal
ADDRESS: Greentop, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Dec 3, 1956 to Dec 3, 1956

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 420.1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 3 *, 19*56*, to* Dec 3 *, 19*56 *that I last saw the deceased alive on* Dec 3 *, 19*56*, and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. O. Holmes (Degree or title) D.O.

23b. ADDRESS: Novelty Mo

23c. DATE SIGNED: Dec 18, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6 Dec '56

24c. NAME OF CEMETERY OR CREMATORY: Locust Hill, cemetery

24d. LOCATION (City, town, or county) (State): Locust Hill, Mo

DATE REC'D BY LOCAL REG.: Dec 13-56

REGISTRAR'S SIGNATURE: Nelle S. Hunolt

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]

ADDRESS: Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

151

VS MAY 28 1959

JUN 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs. J. W. Hudson

Licensed Embalmer No. 297

P. O. Address Edina

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