

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29043

STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 215

Public Health, Welfare, and Service  
000-56  
diseases in Part I must be causally related. Coroner cannot certify to a death, due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MOBERLY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>PURDOM NSG. HOME</b> Length of stay in 1b <b>Life</b>		d. STREET ADDRESS (If outside, give location) <b>425 E. Rollins St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>SARAH</b> Middle <b>JOSEPHINE</b> Last <b>BURTON</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>31</b> Year <b>1957</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-22-1866</b>
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>RANDOLPH COUNTY</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>JULIUS RAGSDALE</b>	
14. MOTHER'S MAIDEN NAME <b>ELIZABETH JANE PATRICK</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service) <b>—</b>	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT Address <b>MRS. E. B. ORNBURN - Moberly</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis</b> DUE TO (b) <b>Smoking</b> DUE TO (c) <b>arterio-sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>—</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b> <b>1 yr</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>—</b>		20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a. m. <b>—</b> p. m. <b>—</b>	
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.) <b>—</b>	
20f. CITY, TOWN, OR LOCATION <b>MOBERLY</b>		COUNTY <b>MOBERLY</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>Aug. 31/57</b> to <b>Aug. 31/57</b> and last saw her <b>him</b> alive on <b>Aug. 31/57</b> . Death occurred at <b>—</b> m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <b>Ar L E Hulse</b>		22b. ADDRESS <b>Moberly Mo</b>	
22c. DATE SIGNED <b>9/3/57</b>		22d. STATE (State) <b>Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>9-4-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND</b>		23d. LOCATION (City, town, or county) <b>MOBERLY, MO.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>MAHAN FUNIL SERVICE - MOBERLY</b>		25. DATE RECD. BY LOCAL REG. <b>9/4/57</b>	
26. REGISTRAR'S SIGNATURE <b>Leah W. ...</b>			

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1957

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: *John A. Green*

Licensed Embalmer No. 381

P. O. Address NIOBERL

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.