FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4499 34560 67
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Shelbina — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in Ib 12 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1024 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Janet Middle: Last: Ragar
4. DATE OF DEATH Month: Sept. Day: 27 Year: 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 29, 1881
9. AGE (In years last birthday) 76 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Easdale
13b. MOTHER'S MAIDEN NAME Jane Monroe
14. NAME OF HUSBAND OR WIFE John Franklin Ragar
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 John F. Ragar, Address Shelbina, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Cardiovascular Renal Heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 years
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) 4424
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 15, 1957, to Sept 25, 1957 and last saw her/him alive on Sept. 25, 1957
Death occurred at 2:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. L. Edrington (Degree or title) D.O.
22b. ADDRESS Clarence, Mo.
22c. DATE SIGNED 9-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-29-1957
23c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery
23d. LOCATION (City, town, or county) (State) Shelbina, Missouri

24. FUNERAL DIRECTOR Hayes Funeral Home, ADDRESS Shelbina, Mo.
25. DATE RECD. BY LOCAL REG. Oct 2-57
26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 14 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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina,

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.