

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1957

44827
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 211

S. 300
ev. 1-56

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
diseases in Part I must be casually 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 JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1115 W. AUSTIN		d. STREET ADDRESS (If outside, give location) 1115 W. AUSTIN	
Length of stay in lb 52 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SIMEON Middle WALTER Last RAGLAND			4. DATE OF DEATH DECEMBER 6, 1957 Month DECEMBER Day 6 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 4, 1877
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINE OPERATOR	
11. BIRTHPLACE (City and state or country) LEBANON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN MARION RAGLAND		14. MOTHER'S MAIDEN NAME ISABEL DEVLIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SPANISH AMERICAN WAR		16. SOCIAL SECURITY NO. NO	
17. INFORMANT MRS LAURETTA RAGLAND, WEBB CITY, MO		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERSTATIC LOBAR PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL HEMORRHAGE			18 DAYS
DUE TO (c) CEREBRAL ARTERIOSCLEROSIS			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour 6:20 Month 11 Day 15 Year 57 a. m. P p. m.			
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.)	
20f. CITY, TOWN, OR LOCATION WEBB CITY, MISSOURI		COUNTY WEBB STATE MISSOURI	
21. I attended the deceased from 11/15/57 to 12/6/57 and last saw her alive on 12/6/57 Death occurred at 6:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm Wells - Jr (Degree or title)		22b. ADDRESS WEBB CITY, MISSOURI	
22c. DATE SIGNED 12/9/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-9-1957	
23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETARY		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY MO.		25. DATE RECD. BY LOCAL REG. 12-9-57	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

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Asper County Health Office
County File Number 57-13-182C
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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 *Richard Gray Lew*

Licensed Embalmer No. 4400

P. O. Address *Walden, VT*

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.