

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008655

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KIRKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K. O. H</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>511 S. FLORENCE</u>	
3. NAME OF DECEASED (Type or print) First <u>NORA</u> Middle <u>R.</u> Last <u>HARRINGTON</u>				4. DATE OF DEATH Month <u>MAR.</u> Day <u>17</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 23, 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL JEWELER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>JEWELER</u>		11. BIRTHPLACE (City and state or country) <u>MONROE COUNTY, MO.</u>		
13. FATHER'S NAME <u>JOHN WESLEY RAGSDALE</u>				14. MOTHER'S MAIDEN NAME <u>ELLA YOWELL</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>449-38-3337A</u>		17. INFORMANT <u>JOHN HARRINGTON</u> Address <u>KIRKSVILLE, MO.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Coronary artery arteriosclerosis</u> DUE TO (c) <u>generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>unknown</u> <u>unknown</u>	
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 <u>10:30</u> Month, Day, Year <u>Mar 17, 1958</u> a. m. 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		COUNTY	
21. I attended the deceased from <u>Mar 6, 1958</u> to <u>March 17, 1958</u> and last saw her/him alive on <u>Mar 18, 1958</u> Death occurred at <u>10:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. S. Fletcher M.D.</u>				22b. ADDRESS <u>Kirksville Mo</u>		22c. DATE SIGNED <u>3-18-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>BURIAL</u>		<u>MARCH 20, 1958</u>	<u>MAPLE HILLS</u>		<u>KIRKSVILLE, MO.</u>		
24. FUNERAL DIRECTOR <u>David + David</u> ADDRESS <u>KIRKSVILLE, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>3-21-1958</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Rattiff</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300-56  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms or signs of other 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.

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MAY 7 1958

MAR 28 1958

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 *Robert B. Harris*

Licensed Embalmer No. *42*

P. O. Address *Kirkville*

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.