

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001013

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY Greene County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. Length of stay in lb 3mo, 26 days
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Marionville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 401 College Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last George Jefferson Ragain
4. DATE OF DEATH Month Day Year Feb. 5, 1959

5. SEX Male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED
8. DATE OF BIRTH Sept. 30, 1874 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 4 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired lumberman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lawrence Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME Edward Burr Ragain 13b. MOTHER'S MAIDEN NAME Louise Cole
14. NAME OF HUSBAND OR WIFE Lena Ragain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no 17. INFORMANT Address Mrs. Elaine Skogman, Marionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X
INTERVAL BETWEEN ONSET AND DEATH 2 Mo
19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a.m. p.m.
20d. INJURY OCCURRED WHILE AT 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 1946 to 2-5-59 and last saw her alive on 2-5-59
Death occurred at 8:54 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. P. Maddup M.D. 22b. ADDRESS Springfield, Mo 22c. DATE SIGNED 2/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Feb. 5, 1959 23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery 23d. LOCATION (City, town, or county) (State) Marionville, Mo.

24. FUNERAL DIRECTOR ADDRESS J. B. Luridge Marionville, Mo. 25. DATE RECD. BY LOCAL REG. 2-6-59 26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *William A. Fuller*

Licensed Embalmer No. *4658*

P. O. Address *Marionville*

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.