

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001060

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128

Primary Registration District No.

Registrar's No. 18A

300 /
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Republic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Republic 0390 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) N. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Racie Middle Marie Last Ragland			4. DATE OF DEATH Month Jan. Day 4, Year 1959
5. SEX F	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 Mar. 7, 1887
10a. USUAL OCCUPATION (Give kind of work done during 2 weeks preceding death, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Albany, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin F. Evans	
13b. MOTHER'S MAIDEN NAME Jennie Ferguson		14. NAME OF HUSBAND OR WIFE Sylvester O. Ragland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unk	17. INFORMANT S.O. Ragland Republic, 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x			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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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.) 1	20f. CITY, TOWN, OR LOCATION 1	COUNTY Greene STATE Mo.
21. I attended the deceased from 12-13-59 to Jan. 4, 59 and last saw her/him alive on Jan. 4, 1959 Death occurred at 6:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.C. Mitchell (Degree or title)		22b. ADDRESS D.O. Republic, Mo.	22c. DATE SIGNED 1-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-7-1959	23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	23d. LOCATION (City, town, or county) (State) Albany, Mo.
24. FUNERAL DIRECTOR Cantrell-Fossett ADDRESS Republic, Mo.		25. DATE RECD. BY LOCAL REG. 1-12-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JAN 22 1959

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 R. ...*

Licensed Embalmer No. *1207*
P. O. Address *...*

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.