

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031559

FILED VS SEP 28 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 961 STATE FILE NUMBER

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Budanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in 1b 17yrs | c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2701 So 23rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First John Middle Ragland Last Ragland | | | 4. DATE OF DEATH Month Sept. Day 18, Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 28, 1942 | 9. AGE (last birthday) 17 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) St. Joseph, Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Lloyd Ragland | | 13b. MOTHER'S MAIDEN NAME Virginia George | | 14. NAME OF HUSBAND OR WIFE none | |
| 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. | 17. INFORMANT Address Virginia Ragland St. Joseph, 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) **Traumatic shock + ^{bleeding} from cerebral vessels**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Accidental 22 rifle wound in head**

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH **about 1 hr.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Urgle Williams mowed city, no was working on the farm, slipped from home, descending

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)
Accidental discharge of 22 rifle

20c. TIME OF INJURY
Hour **1** a.m. Month, Day, Year **Sept 18 59**

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.)
at Urgle Williams farm home 4 1/2 miles east of St. Joseph, Mo.

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Joseph Buchanan Co MO

21. I attended the deceased from **viewed body** and last saw him **Sept 18 59**
Death occurred at **1 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Samuelency M.D. Coroner

22b. ADDRESS **214 Kirkpatrick Rd St Joseph**

22c. DATE SIGNED **Sept 21 59**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9/20/59

23c. NAME OF CEMETERY OR CREMATORY
Odd Fellows Public Cemetery

23d. LOCATION (City, town, or county) (State)
St. Joseph, Mo

24. FUNERAL DIRECTOR
John Clapp

25. DATE RECD. BY LOCAL REG.
Sept. 24, 1959

26. REGISTRAR'S SIGNATURE
Wm. Clark Stridell

DOCUMENT BY AFFIDAVIT OF St. Melurey, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.