

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007851

FILED VS MAR 15 1960

Registration District No. 316 Primary Registration District No. ~ Registrar's No. 94 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Francois Twp.		Length of stay in 1b	c. CITY OR TOWN Farmington Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Catherine Middle Raglin Last Raglin			4. DATE OF DEATH Month March Day 4 Year 1960				
5. SEX Female	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 1/8/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bruno, Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Luke L. White			13b. MOTHER'S MAIDEN NAME Mary S. Albright		14. NAME OF HUSBAND OR WIFE Charles L. Raglin		
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. 488-42-6898		17. INFORMANT Address Charles L. Raglin R. #1, Farmington, 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) Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery Blockage			Unknown
DUE TO (c) Bilateral Hydronephrosis due			3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I) Metastatic Adenocarcinoma			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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	STATE
21. I attended the deceased from Sept. 1959 to Mar 4, 1960 and last saw him alive on March 4, 1960 Death occurred at 10:03 pm on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Lu Stenzler (Degree or title)	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 3/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/7/60	23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens	23d. LOCATION (City, town, or county) (State) Farmington Missouri

24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington, Mo.	25. DATE RECD. BY LOCAL REG. March 7, 1960	26. REGISTRAR'S SIGNATURE Esther Rudloff
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JAN 4 1963

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.