URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-011582

FILED VS MAR 17 1960

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 0596 Registrar's No. 29

ENDED

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE — Length of stay in 1b None
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hy 67 at V — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) P.O. Box 123 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RALPH Middle R. Last RAGSDALE

4. DATE OF DEATH Month MAR Day 8 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 8-3-08

9. AGE (last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUNK DEALER

10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED

11. BIRTHPLACE (City and state or country) PATTON MO

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY RAGSDALE

13b. MOTHER'S MAIDEN NAME MARY ALBRIGHT

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 499-30-0720

17. INFORMANT MRS GERTRUDE RAGSDALE Address Fredericktown 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) BASILAR & CERVICAL SPINE FRACTURE — INTERVAL BETWEEN ONSET AND DEATH —

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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

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.) Head on Auto Accident.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year — Deceased thrown from auto.

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.) Highway

20f. CITY, TOWN, OR LOCATION Valle Twsp. COUNTY Jeff STATE Mo

21. I attended the deceased from CORONER'S VIEW and last saw her/him alive on

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 (Degree or title) James C. Pelum D.C. Coroner

22b. ADDRESS Fester Mo

22c. DATE SIGNED 3/9/60

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

23b. DATE 3/11/60

23c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL

23d. LOCATION (City, town, or county) FREDERICKTON (State) MO

24. FUNERAL DIRECTOR Adamson & Webb ADDRESS Fredericktown Mo

25. DATE RECD. BY LOCAL REG. Mar. 14-1960

26. REGISTRAR'S SIGNATURE Marie Harris.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

0961 2 I

STATEMENT BY LICENSED EMBALMER

MAR 17

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gerald J. Mah

Licensed Embalmer No. 4975

P. O. Address Lt Soto,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.