

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-031027

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 398

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 42 yrs		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 N. Maiden Lane			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 702 N. Maiden Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) CHARLES First R. Middle RAGAN Last				4. DATE OF DEATH Month August Day 8 Year 1960					
5. SEX Male	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 3-26-1915	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant operator			10b. KIND OF BUSINESS OR INDUSTRY Sewage Disposal Plant		11. BIRTHPLACE (City and state or country) Tiff City, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Albert F. Ragan			13b. MOTHER'S MAIDEN NAME Treacy Hauling			14. NAME OF HUSBAND OR WIFE Hattie Ragan			
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. 491-07-8883		17. INFORMANT Mrs. Hattie Ragan, Joplin, Missouri				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) Electrocution DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Instantaneous		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) All attempts at resuscitation failed					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Crawled under house and 110V. extension cord which was pulled, grounded wiring in water pipes electrocuted him						
20c. TIME OF INJURY 4:00 p.m.	Month, Day, Year 8-8-60		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Joplin		COUNTY Jasper	STATE Missouri	
21. I attended the deceased from death not attend to _____ and last saw her/him alive on _____ Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Wendell M. Brown (Degree or title)					22b. ADDRESS 2nd St. Bldg. Joplin Mo		22c. DATE SIGNED 8-10-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-12-1960	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cen.		23d. LOCATION (City, town, or county) (State) Joplin, Missouri				
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.				25. DATE RECD. BY LOCAL REG. 8-15-1960		26. REGISTRAR'S SIGNATURE Noel Merriam			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 30 1967

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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