

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047146

FILED VS DEC 29 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 302

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Length of stay in 1b 1-DAY		c. CITY OR TOWN HOLLIDAY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUBY Middle M. Last RAGSDALE				4. DATE OF DEATH Month DEC. Day 21 Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/24/1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 1 Days 27	IF UNDER 24 HR Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOMEWORK		11. BIRTHPLACE (City and state or country) MONROE Co. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES I DELANEY			13b. MOTHER'S MAIDEN NAME MAMIE POOL		14. NAME OF HUSBAND OR WIFE CHARLES D. RAGSDALE			
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. NONE	17. INFORMANT C.D. RAGSDALE		Address HOLLIDAY, 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) Posterior myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 3 days		
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. <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 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 December 21, 1960 to Dec. 21, 1960 and last saw her alive on Dec. 21, 1960 Death occurred at 10:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Will Henry Jones</i>				22b. ADDRESS MOBERLY, MO.		22c. DATE SIGNED 12-24-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 24, 1960	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) PARIS, MO.		(State)		
24. FUNERAL DIRECTOR E.H. AGNEW				ADDRESS PARIS, MO.		25. DATE RECD. BY LOCAL REG. 12-24-60		
						REGISTRAR'S SIGNATURE <i>Seaborn</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF ANATOMY
AND EMBALMING

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 E. H. Agnew

Licensed Embalmer No. 4000
P. O. Address Paris, T

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.