

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011724

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 78

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0535
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 2 1962

1. PLACE OF DEATH
a. COUNTY **Laclede**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lebanon** Length of stay in lb **10 days**

c. CITY OR TOWN **Phillipsburg** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Rural Rt. #1** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Laclede**

3. NAME OF DECEASED (Type or print) First **William** Middle **Edward** Last **Ragland**

4. DATE OF DEATH Month **March** Day **27** Year **1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-28-78** 9. AGE (last birthday) **84**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer** 10b. KIND OF BUSINESS OR INDUSTRY **farming** 11. BIRTHPLACE (City and state or country) **Phillipsburg, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Riley Ragland** 13b. MOTHER'S MAIDEN NAME **Louisa Hawkins** 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. **NONE** 17. INFORMANT **Etolia Ragland, Rt. 1, Phillipsburg, Mo** 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) **Cerebro-vascular accident**
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
INTERVAL BETWEEN ONSET AND DEATH **11 days**

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.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

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.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **Mar. 16, 1962** to **Mar. 27, 1962** and last saw him alive on **Mar. 26, 1962**
Death occurred at **1:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. Harrington M.D.** (Degree or title) 22b. ADDRESS **Lebanon, Mo.** 22c. DATE SIGNED **3/29/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **3-29-62** 23c. NAME OF CEMETERY OR CREMATORY **McFall Cemetery** 23d. LOCATION (City, town, or county) **Laclede Co., Missouri** (State)

24. FUNERAL DIRECTOR **J.J. Shadel** ADDRESS **Lebanon, Mo.** 25. DATE RECD. BY LOCAL REG. **3-31-1962** 26. REGISTRAR'S SIGNATURE **Hella L. Ray**

USE BLACK INK OR TYPEWRITER RIBBON

X

APR 6 1962

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Brie M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield Mo.

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.

Permit Issued 3-29-1962 M.S.R.