

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-016097

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 17

FILED MAY 15 1962

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
6690					
20640					
3					
4 1					
5 3					
6					
7 0					
8 0					
9 420.1					
10					
11					
12 91-2					
13 1-0					
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF				
SHOULD READ					
BY AFFIDAVIT OF					

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in 1b 2-Months	c. CITY OR TOWN Near Warren Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Town Limits		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. Monroe City
3. NAME OF DECEASED (Type or print) First Middle Last Josephine Ragar			4. DATE OF DEATH Month Day Year May 9, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/29/179
9. AGE (last birthday) 91		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) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Marion Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Joseph M. Morthland	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Frederick		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	17. INFORMANT Rufus M. Ragar, Monroe City Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS			15 YRS.
DUE TO (c) Hypertensive Cardiovascular renal disease			15 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			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 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 JAN. 6 - 1945 , to MAY 9 - 1962 and last saw her ^{her} _{him} alive on MAR. 21 - 1962 Death occurred at 12:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold F. Ellis D.O.		22b. ADDRESS Monroe City, Mo.	22c. DATE SIGNED 5-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/11/1962	23c. NAME OF CEMETERY OR CREMATORY Andrew Chapel Cemetery	23d. LOCATION (City, town, or county) Warren Missouri
24. FUNERAL DIRECTOR Harold V. Garner, Monroe City Mo		25. DATE RECD. BY LOCAL REG. May 12 - 1962	26. REGISTRAR'S SIGNATURE Elaine Miller

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 Walter H. Gorman

Licensed Embalmer No. 3720

P. O. Address M. City 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.