

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026053

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 431

FILED AUG 6 1962	
1. PLACE OF DEATH	
a. COUNTY <p style="text-align: center; font-size: 18pt;">Boone</p>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <p style="text-align: center; font-size: 18pt;">Columbia</p>	a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>
Length of stay in 1b <p style="text-align: center; font-size: 18pt;">7 1/2 Years</p>	c. CITY OR TOWN <p style="text-align: center; font-size: 18pt;">Columbia</p>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt;">Rector Nursing Home</p>	d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt;">7 Willis Ave.</p>
3. NAME OF DECEASED (Type or print)	
First <p style="text-align: center; font-size: 18pt;">EDNA</p>	Middle <p style="text-align: center; font-size: 18pt;">B.</p>
Last <p style="text-align: center; font-size: 18pt;">RAGSDALE</p>	4. DATE OF DEATH
Month <p style="text-align: center; font-size: 18pt;">July</p>	
Day <p style="text-align: center; font-size: 18pt;">30,</p>	
Year <p style="text-align: center; font-size: 18pt;">1962</p>	
5. SEX <p style="text-align: center; font-size: 18pt;">Female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 18pt;">White</p>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt;">7-3-1879</p>
9. AGE (last birthday) <p style="text-align: center; font-size: 18pt;">83</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 18pt;">At Home</p>	
10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 18pt;">At Home</p>	
11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt;">Boone County, Mo.</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt;">U.S.A.</p>	
13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt;">Lycurgus P. Hickam</p>	
13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt;">Anna Waters</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt;">Frank Ragsdale</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 18pt;">No</p>	
16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 18pt;">None</p>	
17. INFORMANT <p style="text-align: center; font-size: 18pt;">Kirk Hays, Columbia, Mo.</p>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	<i>cerebral apoplexy, multiple recurrent arteriosclerosis, generalized</i>
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 <u>1948</u> to <u>1962</u> and last saw her alive on <u>July 20, 1962</u> Death occurred at <u>10:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 18pt;"><i>James M. Baker, M.D.</i></p>	22b. ADDRESS <p style="text-align: center; font-size: 18pt;">Columbia, Mo</p>
22c. DATE SIGNED <p style="text-align: center; font-size: 18pt;">7/31/62</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 18pt;">Burial</p>	23b. DATE <p style="text-align: center; font-size: 18pt;">Aug. 1, 1962</p>
23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 18pt;">Bethel Cemetery</p>	
23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 18pt;">Boone County, Missouri</p>	
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 18pt;">Parker Funeral Service, Columbia, Mo.</p>	25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 18pt;">July 31, 1962</p>
26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 18pt;">Mrs R.E. Palmer</p>	

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 JW Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia, MD

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.