

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-039198  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 550

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 7 1962**

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 lb 11 yrs

c. CITY OR TOWN Joplin Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1912 Moffet Avenue Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 1912 Moffet Ave. Residence on Farm Yes  No

3. NAME OF DECEASED First Middle Last MINNIE I. RAGAIN

4. DATE OF DEATH Month Day Year October 30, 1962

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 3-2-1869 9. AGE (last birthday) 93

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) White Hall, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Benjamin F. Drummond 13b. MOTHER'S MAIDEN NAME Elizabeth Owdom 14. NAME OF HUSBAND OR WIFE Wm E. Ragain, dec'd 6-23-1956

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. Unk 17. INFORMANT Address Pre-arranged instructions

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Uremia  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Glumerlo-Nephritis  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 5 days  
5 years

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

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 a.m. Month, Day, Year

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at 8 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
Steve Parker 400 408 West 4th Joplin, Mo. 10/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-2-1962 23c. NAME OF CEMETERY OR CREMATORY CLARKSBURG CEMETERY, S. E. of Fort Scott, Kansas 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 11-2-1962 26. REGISTRAR'S SIGNATURE Dove Merriman

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

VS 300 Rev. 4/59  
1 0499  
2 0499  
3  
4 1  
5 2  
6  
7 1  
8 0  
9 592 X  
10  
11  
12 90-2  
13 2-0

**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 Robert A. Zuck

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.