

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048670
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11824

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 21 1962

VS 300 Rev. 4/59	DATE AMENDED
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29940/6	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Farmington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) RFD # 1	
3. NAME OF DECEASED (Type or print) First Charles Middle Lemuel Last Raglin		4. DATE OF DEATH Month December Day 9 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/24/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Bruno, Missouri.	
13a. FATHER'S NAME John Raglin		14. NAME OF HUSBAND OR WIFE Maryme	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Address Marcus Raglin, Gorham, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. CAUSE WAS CAUSED BY: IMMEDIATE CAUSE Subdural Hemorrhage subsequent to comminuted fracture of the skull (depressed) suffered when fall on farm at Farmington, Mo., on December 5th 1962.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 904.1-3			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) See above	
20c. TIME OF INJURY Hour 12:55 a.m. p.m. 12-5-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6 Farm	20f. CITY, TOWN, OR LOCATION Farmington, Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond J. Miller		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 12-10-62			
23a. BURIAL, CREMATION OR REMOVAL (Specify) Removal	23b. DATE 12-13-62	23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens	
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Missouri		25. DATE RECD. BY LOCAL REG. DEC 10 1962	
		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

JAN 16 1963

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 M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis 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.