

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024554

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3407 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 50 Years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7127 Summit Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clayton Middle G. Last Ragan			4. DATE OF DEATH Month June Day 14 Year 1963		
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 3-25-1907	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 6 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Bakery Supplies	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Carroll Ragan		13b. MOTHER'S MAIDEN NAME Alma C. Garrun		14. NAME OF HUSBAND OR WIFE Mary Ann Ragan	
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 Mary Ann Ragan - 7127 Summit, Missouri K. C.,		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 6 years
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 checked="" type="checkbox"/> NO <input 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 1956 to June 14, 63 and last saw ^{her}him alive on June 14, 63
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold W. Voth, M.D. (Degree or title)	22b. ADDRESS 4320 Wornell Rd. Kansas City, Mo.	22c. DATE SIGNED June 14, 63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-17-1963	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Missouri		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
25. DATE RECD. BY LOCAL REG. 6-17-63		26. REGISTRAR'S SIGNATURE Ruth N. Long

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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BY AFFIDAVIT OF **Harold W. Voth**

Dr. Zuck
VA 1-32430
4320 Donald
2.00 - 5.00

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,

0-59

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Kansas 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.