

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31076

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>Marion County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lakenan, Mo. Rural</u>	
c. LENGTH OF STAY (in this place) <u>20 Min</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles south of Lakenan, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>William</u> c. (Last) <u>Ragan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 7-1941</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Lakenan, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ernest Ragan</u>	13b. MOTHER'S MAIDEN NAME <u>Merlee Crow</u>	14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Ragan</u>	ADDRESS <u>Lakenan, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastro-Enteritis</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>59/11</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Sept. 20, 1949, to Sept. 20, 1949, that I last saw the deceased alive on Sept. 20, 1949, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest Ragan M.D.</u>	(Degree or title)	23b. ADDRESS <u>Monroe City, Missouri.</u>	23c. DATE SIGNED <u>Sept. 26, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-4-49</u>	REGISTRAR'S SIGNATURE <u>Dr. R. M. Lucke By W. C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Million &amp; Barkelew</u>	ADDRESS <u>Shelbina, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED OCT 7 1949  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 7 1949

**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 .....  
Student Embalmer

Signed Norm D Davis.....

Licensed Embalmer No. 4478.....

P. O. Address Shelbina, miss.....

**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 this body is not embalmed, fact should be so stated above.