

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4986
510

BIRTH NO. 15093-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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, write RURAL and give town) Kansas City, Mo.		c. LENGTH OF STAY (In this place) 29hrs	c. CITY (If outside corporate limits, write RURAL and give township) Independence		0484
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			d. STREET ADDRESS (If rural, give location) 1000 N. River Blvd.		
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE		b. (Middle) AGNES	c. (Last) RAGAN	4. DATE OF DEATH (Month) (Day) (Year) FEB. 3, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 1, 1950	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Kelly Ragan		13b. MOTHER'S MAIDEN NAME Dorothy Vogelsan	14. NAME OF HUSBAND OR WIFE ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME E.K. Ragan		ADDRESS Indep, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) newborn DUE TO (c) 7590 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/1/50 , 19__ to 2/3/50 , 19__, that I last saw the deceased alive on 2/2/50 , 19__, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Death or title) Joseph G. Webster		23b. ADDRESS 1103 Grand		23c. DATE SIGNED 2/3/50	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) 7601 Blue Ridge Mo		
DATE REC'D BY LOCAL REG. 2-3-50	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atto Mitchell Indep, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NO. 100

PROCEED

1915

STATE OF MISSOURI

DEPT. OF HEALTH

ST. LOUIS, MO.

THE BOARD OF HEALTH

OF THE CITY OF ST. LOUIS

CERTIFICATE

NO. 100

1915

PROCEED

1915

ST. LOUIS, MO.

PROCEED

1915

STATE OF MISSOURI

DEPT. OF HEALTH

ST. LOUIS, MO.

1915

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 ML

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Henry F. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.