

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27649**

FILED SEP 10 1951

BIRTH NO.		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>286</b>		
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>				
b. CITY OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>Palmyra</b>		<b>0640</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>124 W. New</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>W.</b>		c. (Last) <b>Ragar</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 28 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>18 Nov. 1865</b>	9. AGE (In years last birthday) <b>85</b>	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>W. H. Ragar</b>			13b. MOTHER'S MAIDEN NAME <b>Lavina Ford</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roy Garnett, Philadelphia, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>1949</b> , to <b>28 Aug. 1951</b> , that I last saw the deceased alive on <b>28 Aug. 1951</b> , and that death occurred at <b>2:30 p. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Wyeth Hamilton</b> (Degree or title)				23b. ADDRESS <b>Palmyra, Mo.</b>		23c. DATE SIGNED <b>31 Aug 1951</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>30 Aug. 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marion County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>9-1-51</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lewis Brothers, Palmyra, Mo.</b>			

644

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

RECEIVED SEP 4 1951  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 7 1951

---

---

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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Falmyra, Missouri

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.