

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18429**
Registrator's No. **4718**

BIRTH NO. **32750** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY -		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY -	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis	c. LENGTH OF STAY (If in this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess		d. STREET ADDRESS (If rural, give location) 6 4910 Lexington	
3. NAME OF DECEASED (Type or Print) a. (First) GARY	b. (Middle) WAYNE	c. (Last) RAGSDALE	4. DATE OF DEATH (Month) (Day) (Year) MAY 18 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED , NEVER MARRIED, WIDOWED , DIVORCED 1	8. DATE OF BIRTH May 9, 1952
9. AGE (10 years last birthday) 9	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 9	IF UNDER 1 HRS. Hours 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John L. Ragsdale	
13b. MOTHER'S MAIDEN NAME Donna R. Blanton		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.H. Ragsdale St. Louis, 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) Congenital heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anomalous position of pulmonary artery and aorta. DUE TO (c) and aorta. 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	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)	21f. HOW DID INJURY OCCUR? 7546
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 5-9-52 19 52 , to 5-18-52 19 52 , that I last saw the deceased alive on 5-17-52 , 19 52 , and that death occurred at 4:45 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. B. Riley M.D.	23b. ADDRESS 4660 Maryland	23c. DATE SIGNED 5-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-18-1952	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) BISMARCK, MO.
DATE REC'D BY LOCAL REG. MAY 22 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shipman & Sons, Bismarck	

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

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 *John W. Shipman*

Licensed Embalmer No. *4881*

P. O. Address *Bismarck, 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.