

5. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25370**

FILED AUG 12 1952

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5971		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY Polk 0840				2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk 0840			
b. CITY (If outside corporate limits, write RURAL and give township) Baliviar N.W. Marion		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Baliviar N.W. Marion Sup		d. STREET ADDRESS (If rural, give location) 3 1/2 miles N.W. of Baliviar	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 miles N.W. of Baliviar				d. STREET ADDRESS (If rural, give location) 3 1/2 miles N.W. of Baliviar			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Samuel c. (Last) Ragan			4. DATE OF DEATH (Month) (Day) (Year) July 28 1952				
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct 9 1863	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or foreign country) Carthage, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Ragan		13b. MOTHER'S MAIDEN NAME Nancy Hayden		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline Elbes Baliviar 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma Prostate ANTECEDENT CAUSES Asorbid 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.				INTERVAL BETWEEN ONSET AND DEATH 3 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X				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)		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 May 19 1952 to July 28 1952 , that I last saw the deceased alive on July 1 1952 , and that death occurred at 10 P.M. , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) D. C. McLean M.D.				22b. ADDRESS Baliviar Mo		22c. DATE SIGNED	
23a. BURLAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-29-52		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Baliviar Mo	
DATE REC'D BY LOCAL REG. Aug 4, 1952		REGISTRAR'S SIGNATURE Ralph Gordon		FUNERAL DIRECTOR'S SIGNATURE Small		ADDRESS Baliviar Mo	

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 Chy J. Costa

Licensed Embalmer No. 4154

P. O. Address Bolivar, Md.

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.