

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2275

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge, Missouri</u> <u>0800</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIN</u>			b. (Middle) <u>D..</u>		c. (Last) <u>RAGAR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH— <u>Feb. 28, 1904</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Ridge, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Aubrey Ragar</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Wells Ragar</u>		14. NAME OF HUSBAND OR WIFE <u>Justine Clevenger Ragar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Justine Ragar, Green Ridge, Mo</u>				
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) <u>General Peritonitis.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated Gastric Ulcer - Dec. 12th 1953</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt. Subdiaphragmatic Abscess. Dec. 17th 1953</u>				INTERVAL BETWEEN ONSET AND DEATH <u>22 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None Unable to get the patient in condition.</u>		20. AUTOPSY? <u>No</u>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Dec. 12th, 1953 Jan. 3rd 1954</u>				
22. I hereby certify that I attended the deceased from <u>9:45 P.M.</u> <u>Jan. 3rd 1954</u> that I last saw the deceased alive on <u>Jan 3rd, 1954</u> and that death occurred at <u>9:45 P.M.</u> From the causes and on the date stated above.								
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>Jan. 5th, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/6/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Pettis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/5/53</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duane Ewing</u>		ADDRESS <u>Sedalia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carlisle

MAY 15 1962

JAN 14 1954

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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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