

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14723**

FILED MAY 10 1954

BIRTH NO. _____		REG. DIST. NO. 370	PRIMARY REG. DIST. NO. 6255	Registrar's No. 12
1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne		
b. CITY (If outside corporate limits, write RURAL and give township) Clubb	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Clubb		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1110		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Ann c. (Last) Raglin		4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1878	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Wayne County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J. C. White		13b. MOTHER'S MAIDEN NAME Sarah Barker	14. NAME OF HUSBAND OR WIFE Edward L. Raglin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward L. Raglin Clubb, 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) Tuberculous pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 490 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 April 25, 1954 , to April 27, 1954 , that I last saw the deceased alive on April 27, 1954 , and that death occurred at 9:29 m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Evelyn L. Price, D.O.		23b. ADDRESS Luttwille, Mo.		23c. DATE SIGNED 5-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/30/54	24c. NAME OF CEMETERY OR CREMATORY Lodi	24d. LOCATION (City, town, or county) (State) Lodi, Mo.	
DATE REC'D BY LOCAL REG. April 25, 1954	REGISTRAR'S SIGNATURE Arletta	495-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Maura E. Bowles Greenville, Mo.	

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

RECEIVED

MAY 7 1954

WAYNE CO. HEALTH CENTER

FILE No. 554-2

MAY 9 1954

MAY 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 _____

one

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Marvin E Bowler

Licensed Embalmer No. _____

P. O. Address _____

*4429
Decmont*

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.