

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32960

State File No. ....

FILED OCT 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5492 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural COLVAX</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-COLVAX</u> <u>4<sup>th</sup></u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>7 mi. N. Eagleville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 7 mi. N. Eagleville</u>			

3. NAME OF DECEASED a. (First) <u>IUAN</u> b. (Middle) <u>Vaughdean</u> c. (Last) <u>RAGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 20, 1955</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 3, 1917</u>		9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>HARRISON Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	

13a. FATHER'S NAME <u>Daniel Ragan</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA PENNINGTON</u>		14. NAME OF HUSBAND OR WIFE <u>Madelina Ragan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Madelina Ragan-Lamoni, Iowa</u> ADDRESS	

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>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <u>4201</u>					
		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) <u>Heart Failure</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Colfax Twp Harrison, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 20, 1955 2:50 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Died in bed</u>			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph J. Marshall D.C. Coroner Harrison County</u> (Degree or title)			23b. ADDRESS <u>10-22-55</u>			23c. DATE SIGNED			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>OCT 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct-25-55</u>		REGISTRAR'S SIGNATURE <u>S. P. Law 117</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Israel W. Boyges</u> ADDRESS <u>Eagleville, Mo.</u>				

**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 *Gerald W. Bogger*

Licensed Embalmer No. *4762*

P. O. Address *Eagleville, N.C.*

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.