

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17600

FILED MAY 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>238</u>		
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived, if Institution: child or before a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b> (Division).				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>6 YRS</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1219 WEST 7TH ST.</b>				STREET ADDRESS (If rural, give location) <b>1219 WEST 7TH STREET</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>			b. (Middle) <b>FREDRICK</b>		c. (Last) <b>RAGSDALE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 16, 1957</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Nov. 24, 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COAL MINING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MARION, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>HENRY RAGSDALE</b>			13b. MOTHER'S MAIDEN NAME <b>ROSELEE CARNEY</b>		14. NAME OF HUSBAND OR WIFE <b>MINNIE RAGSDALE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MINNIE RAGSDALE, 1219 WEST 7TH</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombo angitis obliterans (Buerger's Disease)</b> ANTECEDENT CAUSES <b>DUE TO (b) _____</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (c) _____</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>453.1</b>			20. AUTOPSY? <b>9</b> 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 <u>May 2, 1953</u> , to <u>May 16, 1957</u> , that I last saw the deceased alive on <u>May 14, 1957</u> , and that death occurred at <u>7:30pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <i>David D. Merrin</i> (Degree or title) <b>MD</b>				23b. ADDRESS <b>507 Frisco Building Joplin, Mo.</b>		23c. DATE SIGNED <b>May 16, 1957</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>5-17-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>TAYLORVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>TAYLORVILLE ILL.</b>			
DATE REC'D BY LOCAL REG. <b>5-17-57</b>		REGISTRAR'S SIGNATURE <i>Steve Merrin</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

520

RECEIVED  
County Health Office  
County of Alameda  
Date Filed MAY 20 1957  
57-5-409

MAY 20 1957

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 .....  
Signature of Student Embalmer

Signed F. M. Jones .....

Licensed Embalmer No. 2319

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.