

FILED JUN 13 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 211

Health & Welfare
& Public
Service

S. 300
P. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1612 Turn St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ida Middle M. Last Ragar				4. DATE OF DEATH Month 6 Day 5 Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 23, 1877		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Philadelphia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Dinwiddie				14. MOTHER'S MAIDEN NAME Almyra Coleman				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Bertha Spotts, 1212 Ely, Hannibal		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute congestive cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic cardiac failure DUE TO (c) Senility arteriosclerosis etc. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes -							INTERVAL BETWEEN ONSET AND DEATH 16 hrs - 2 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from 3/23/50 to 6/5/57 and last saw her alive on 6/5/57 Death occurred at 12:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dann A Buchanan M.D.				22b. ADDRESS 524 Broadway Hannibal Mo		22c. DATE SIGNED 6/7/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/8/1957	23c. NAME OF CEMETERY OR CREMATORY Dunn Cemetery		23d. LOCATION (City, town, or county) (State) Philadephia, Missouri			
24. FUNERAL DIRECTOR H. M. O'Hennell			ADDRESS Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 6-8-57	26. REGISTRAR'S SIGNATURE Dr. Em Lucke By W. Fisher		

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RECEIVED JUN 12 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 12 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..... *H. M. O'Honnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.