

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18358

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>DESLOGE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>E</u> Last <u>RAGSDALE</u>			4. DATE OF DEATH Month <u>2</u> Day <u>23</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8, 1890</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR, OF UNDER 24 HRS. Months <u>1</u> Days <u>13</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Fredericktown, Mo</u>	
13. FATHER'S NAME <u>A. J. THOMASON</u>			14. MOTHER'S MAIDEN NAME <u>ELIZA BETH GALE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Harry Thomson</u> Address <u>Elvira, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Injuries.</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Coroner Jury Verdict. by accident rather</u>		
DUE TO (c) <u>result of a tornado May 21, 1957</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9340</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Injuries received in tornado</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u>May 21, 1957</u> a. m. <u></u> p. m. <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION <u>St. Francois</u> COUNTY <u>St</u> STATE <u>MO.</u>

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Burl G. Miller 22b. ADDRESS Coroner 3 Termington, Mo 22c. DATE SIGNED 6/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 25, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEM. PARK</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u>
24. FUNERAL DIRECTOR <u>Raymond Caldwell and Sons</u> ADDRESS <u>Flat Kingman</u>		25. DATE RECD. BY LOCAL REG. <u>June 1, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION 8-16-57
9-16-57
8-16-57

AUG 26 1957

AUG 26 1957

AUG 26 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 R. Caldwell

Licensed Embalmer No. 25

P. O. Address Flat R

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.