

FILED AUG 28 1957

STANDARD CERTIFICATE OF DEATH

28640

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Seneca
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Length of stay in lb 2 days	d. STREET ADDRESS Box 242
			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First John	Middle Dean	Last Ragan	4. DATE OF DEATH Month August	Day 23,	Year 1957
--	----------------------	-----------------------	----------------------	--	-------------------	---------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1921	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
-----------------------	----------------------------------	---	---	--	---------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Seneca, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13. FATHER'S NAME Lewis Alvin Ragan	14. MOTHER'S MAIDEN NAME Mary Elma Connell
---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes - ARMY (dates unknown)	16. SOCIAL SECURITY NO. 495-30-5520	17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.
---	---	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale Malignant lymphoma, mediastinum, with metastasis to neck, right lung and abdominal cavity.		INTERVAL BETWEEN ONSET AND DEATH approx. 9 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchogenic carcinoma with generalized metastasis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Superior vena cava syndrome; Pulmonary insufficiency due to pressure of malignant growth.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

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 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 8-21-57 to 8-23-57 and last saw her him alive on 8-23-57 Death occurred at 2:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. A. Brasher M.D.	22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 8-23-57
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-23-57	23c. NAME OF CEMETERY OR CREMATORY Seneca, Missouri	23d. LOCATION (City, town, or county) (State) Seneca, Mo.
---	-----------------------------	---	---

24. FUNERAL DIRECTOR W. G. Biddleman	ADDRESS Seneca Mo	25. DATE RECD. BY LOCAL REG. 8-23-57	26. REGISTRAR'S SIGNATURE Cecil Hendrick
--	-----------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

300
-56

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
Item 18 corr by afvdt of physician 10-18-57--jf
MEDICAL CERTIFICATION

AUG 30 1957

REC'D JUL 2 1957 SA

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 *W. B. ...*
Licensed Embalmer No. *21*

P. O. Address *...*

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.