

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022443
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 283 Primary Registration District No. 3037 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lawrence</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>McKernon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>McKernon</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>615 E. Center</i>		Length of stay in lb <i>lifetime</i>	d. STREET ADDRESS <i>615 East Center</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>E Fmer</i> <i>B. Ragain</i>			4. DATE OF DEATH Month <i>June</i> Day <i>11</i> Year <i>1958</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>August-21-1882</i>	9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min.	IF UNDER 24 HRS. Hours <i>0</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Weaver</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>McKernon Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13. FATHER'S NAME <i>Thomas Jefferson Ragain</i>	14. MOTHER'S MAIDEN NAME <i>Nancy Ellen Cole</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>492-40-7578A</i>	17. INFORMANT <i>Emma Frances Ragain</i> Address <i>McKernon</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Exsanguination</i> <i>Erosion of throat vessels</i> <i>unknown Cause</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 min</i> <i>unknown</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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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.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from <i>May 10 1943</i> , to <i>June 11 1958</i> and last saw her alive on <i>June 1 1958</i> Death occurred at <i>8:20 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>David E. George 2 DO</i>	22b. ADDRESS <i>McKernon Mo</i>	22c. DATE SIGNED <i>6/13/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June-14-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>River View Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson City, Mo</i>
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24. FUNERAL DIRECTOR <i>Max L. Fossett</i> ADDRESS <i>McKernon Mo</i>	25. DATE RECD. BY LOCAL REG <i>6-13-58</i>	REGISTRAR'S SIGNATURE <i>Cecil Handucks</i>
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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

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1-56

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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 *Max L. Fossett*

Licensed Embalmer No. *425*

P. O. Address *Mt Vernon*

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.