

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037140

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 209 Primary Registration District No. 5763 Registrar's No. 31

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Philadelphia (Union)</b>		c. CITY OR TOWN <b>Philadelphia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>62 yr.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Demmie</b> Middle <b>Lucretia</b> Last <b>Ragar</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>7</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 14, 1870</b>	9. AGE (In years last birthday) <b>87</b>	10. IF UNDER 1 YEAR Months <b>11</b> Days <b>23</b>	11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during last year, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Shelby County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Joyner</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Cochran</b>	14. NAME OF HUSBAND OR WIFE <b>John B. Ragar</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>Maggie Bauerrichter, Philadelphia, Mo.</b>	Address <b>Philadelphia, Mo.</b>
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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) <b>Acute Auricular fibrillation &amp; failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chronic Auricular fibrillation</b>	<b>3 yrs</b>
	DUE TO (c) <b>Arteriosclerosis heart disease</b>	<b>---</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		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.) <b>4200</b>
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>
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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 <b>Philadelphia</b>	COUNTY <b>Marion</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **July 1957** to **Oct 7, 1958** and last saw her alive on **Oct 4, 1958**  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>J. Hall</b> (Deputy title)	22b. ADDRESS <b>Palmyra Mo</b>	22c. DATE SIGNED <b>10/11/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ebenezer Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Philadelphia, Missouri</b>
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24. PREPARED BY <b>Flynn &amp; Heaster</b>	25. DATE RECD. BY LOCAL REG. <b>10-15-58</b>	26. REGISTRAR'S SIGNATURE <b>By Viola Sen. Deputy</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED NOV 1 1958

MARION CO. HEALTH DEPT.

DATE FILED NOV 1 1958

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 .....

*Harold Garner*

Licensed Embalmer No. 3720

P. O. Address *Marion Co*

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.