

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040150
STATE FILE NUMBER
5366

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, | | c. CITY OR TOWN Independence | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. | | d. STREET ADDRESS (If outside, give location) 1236 W. 24th St. | |
| Length of stay in lb 9 weeks | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last SHIRLEY RAGAN | | | 4. DATE OF DEATH Month Day Year Nov. 11, 1958 |
| 5. SEX Female | 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 July 19, 1919 |
| 9a. AGE (In years by birthday) 39 | | 9b. F UNDER 1 YEAR IF UNDER 24 HRS. 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 Housewife | |
| 11. BIRTHPLACE (City and state or country) Odessa, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME James W. Perdee | | 13b. MOTHER'S MAIDEN NAME Laura M. Smith | |
| 14. NAME OF HUSBAND OR WIFE John G. Ragan | | 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. None | | 17. INFORMANT John G. Ragan, 1236 W. 24th St., Indep., 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) Cancer of Metastases DUE TO (b) Carcinoma of the Breast DUE TO (c) Approximately 2 yrs | | | INTERVAL BETWEEN ONSET AND DEATH 170x |
| 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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 | | 20f. COUNTY STATE | |
| 21. I attended the deceased from 3-3-58 to 11-11-58 and last saw her alive on 11-10-58 Death occurred at 12:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE (Degree or title) John G. Ragan MR 22b. ADDRESS 330 W 47th KC Mo 22c. DATE SIGNED 11-10-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-13-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | | 23d. LOCATION (City, town, or county) (State) Jackson County, Missouri | |
| 24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo. | | 25. DATE RECD. BY LOCAL REG. 11-12-58 | |
| 26. REGISTRAR'S SIGNATURE Neva Minshall | | | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Jack E. Schiffmacher



MS
DEC 21 1959

FEB 6 1959

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. D. Gibson*

Licensed Embalmer No. *4871*

P. O. Address *Indep. 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.