

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018646

STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 165

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-57

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hughesville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in 1b 12 days	d. STREET ADDRESS 6800 0 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES LOUIS RAGES, SR.			4. DATE OF DEATH Month Day Year May 12, 1959
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 May 8, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher, farmer, merchant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Rages		13b. MOTHER'S MAIDEN NAME Mary Blum	
14. NAME OF HUSBAND OR WIFE Gertrude Fischer Rages		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 Address Mrs. Gertrude Rages, Hughesville, 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) Terminal Pneumonia.			INTERVAL BETWEEN ONSET AND DEATH 15 hours.
DUE TO (b) Acute Suppression of Urine			48 hours.
DUE TO (c) Chronic Prostatitis- Retention over 3 years.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Arthrits- Senility.			19. WAS AUTOPSY PERFORMED? NO YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None. <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 None.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> None. <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 Over 10 years, to 5-12-59. and last saw him on May 12th Death occurred at 10:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jno. B. Carlisle, M.D.		22b. ADDRESS Sedalia, Missouri.	22c. DATE SIGNED 5-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/59	23c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR Thomas Ewing ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 5/14/1959	26. REGISTRAR'S SIGNATURE Frances Shelby

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Salalia*

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.