

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 25 1959

59-038870

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 11

UNDECEASED

| | | | | | | | | |
|--|--|---|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u> | | Length of stay in 1b <u>20 yrs</u> | | c. CITY OR TOWN <u>Rich Hill</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>801 E. Maple St.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>801 E. Maple St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>NANCY CATHERINE RAGON</u> | | | | 4. DATE OF DEATH Month Day Year <u>November 23 1959</u> | | | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>10/5/1882</u> | 9. AGE (last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>James Gates</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Simon</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lewis Ragon</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Lewis Ragon-</u> Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | | |
| 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) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. | | Month, Day, Year | | | | | | |
| 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 <u>Nov 16 1959</u> to <u>Nov 23 1959</u> and last saw her alive on <u>Nov 16 1959</u> . Death occurred at <u>801 Maple St</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 21a. SIGNATURE (Deceased or Informant) <u>[Signature]</u> | | | | 21b. ADDRESS <u>[Address]</u> | | 21c. DATE SIGNED <u>Nov 24 1959</u> | | |
| 23a. BURIAL/CREMATION/REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>11/27/59</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Booth Funeral Service-Rich Hill, Mo. 11/24/59</u> | | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE <u>Edna Douglas by Ruby Y. [unclear]</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 31 1980

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

John G. Anderson

Licensed Embalmer No.

3583

P. O. Address

Butler

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.