

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022107
STATE FILE NUMBER

AMENDED FILED JUN 27 1961
Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 201

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | Length of stay in 1b Since 1958 | c. CITY OR TOWN Green Ridge |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Home | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Green Ridge |
| 3. NAME OF DECEASED (Type or print) First Garland Middle Harris Last RAGAR | | | 4. DATE OF DEATH Month June Day 20 Year 1961 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 4, 1883 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rail Road Employee | | 10b. KIND OF BUSINESS OR INDUSTRY Rail Road | 9. AGE (last birthday) 78 |
| 11a. BIRTHPLACE (City and state or country) Green Ridge, Pettis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME George D. Ragar | | 13b. MOTHER'S MAIDEN NAME Roxy Calvert | 14. NAME OF HUSBAND OR WIFE Minnie F. Ragar |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Royal G. Ragar Green Ridge, 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) Coronary Occlusion DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Also Senility | | | 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 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.) | |
| 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 6/11/57 to 6/20/61 and last saw her/him alive on 6/15/61 Death occurred at Approximately 1:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. B. Jones MD (Degree or title) | | 22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo. | 22c. DATE SIGNED 6/20/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 21, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Hickory Point | 23d. LOCATION (City, town, or county) (State) Green Ridge, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Glen E. Heck Funeral Home Green Ridge, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-21-1961 | 26. REGISTRAR'S SIGNATURE Francis Shelby |

Ken B. ...

JUN 30 1961

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 *Glen E. Heck*

Licensed Embalmer No. 4063

P. O. Address Green Ridge

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.

[Faint mirrored text at the bottom of the page]