# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026597

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 129

FILED JUL 17 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0355
2 0355
3 2
4 1
5 2
6
7 1
8 2
9 420.1
10
11
12 90-0
13 5-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 309 S. Walnut
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 309 S. Walnut
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lou Middle: Jean Last: Ragsdale

4. DATE OF DEATH: Month: July Day: 11 Year: 1962

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/20/1872

9. AGE (last birthday): 90

IF UNDER 1 YEAR: Months: 2 Days: 21
IF UNDER 24 HR: 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: none

11. BIRTHPLACE (City and state or country): Ripley, Tenn.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Matthew

13b. MOTHER'S MAIDEN NAME: Alvina Parsley

14. NAME OF HUSBAND OR WIFE: W.A. Ragsdale (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: David M. Ragsdale, Address: Kennett, 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 — INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO (b): Hypertensive Heart Disease — 2½ months
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 April 21, 1962 to July 11, 1962 I last saw her alive on 7-10-62
Death occurred at approximately 4:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Quinton Tarr (Degree or title) M.D.

22b. ADDRESS: Kennett, Mo.

22c. DATE SIGNED: 7-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/13/1962

23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens

23d. LOCATION (City, town, or county) (State): Kennett Missouri

24. FUNERAL DIRECTOR: McDaniel Funeral Ser. ADDRESS: Kennett, Mo.

25. DATE RECD. BY LOCAL REG.: 7-12-1962

26. REGISTRAR'S SIGNATURE: Earl Henderson

(Licensed Embalmer's Statement on Reverse Side)

**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 Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.