

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE
FILE NO.

1150
202

1. PLACE OF DEATH a. COUNTY Sunflower		2. USUAL RESIDENCE (Where deceased lived, if conditions had been before admission) a. STATE Mississippi b. COUNTY Rumphreys	
3. CITY, TOWN, OR LOCATION Inverness		4. LENGTH OF STAY IN 1b 20 years	
5. NAME OF HOSPITAL OR INSTITUTION <i>(If not in hospital, give street address)</i>		6. STREET ADDRESS Inverness Miss	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
9. NAME OF DECEASED (Type or print) Frank Rowland Ragland		10. DATE OF DEATH Month Day Year 7-28-59	
11. SEX Male	12. COLOR OR RACE white	13. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	14. DATE OF BIRTH may 26 1905
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		16. KIND OF BUSINESS OR INDUSTRY Lumber Co.	
17. FATHER'S NAME W. F. Ragland		18. MOTHER'S MAIDEN NAME Hattie Fletchell	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (For no, or unknown) (If yes, give year or dates of service) no no		20. SOCIAL SECURITY NO. 428-07-4518	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		22. INTERVAL BETWEEN ONSET AND DEATH 5 min 4201	
23a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		23b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
24. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		27. CITY, TOWN, OR LOCATION Inverness Miss	
28. I attended the deceased from 7/27/59 to 7/28/59 and last saw her alive on 7/28/59 Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		29. SIGNATURE John E. Clark M. D.	
30. BURIAL OR CREMATION REMOVAL (Specify) Burial		31. DATE 7-30-59	
32. NAME OF CEMETERY OR CREMATORY Hickory Grove		33. LOCATION (City, town, or county) Inverness Miss	
34. FUNERAL DIRECTOR BAIN FUNERAL HOME BELZONT MISS		35. DATE RECD. BY LOCAL REG. 8-10-59	
36. REGISTERAR'S SIGNATURE Katie C Blackwell		37. DATE SIGNED 7/31/59	

MEDICAL CERTIFICATION