

S. No. 2
M-1/47
v. 5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30997**

FILED OCT 10 1947

Registration District No. **139**

Primary Registration District No. **5494**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **Rural RFD #3 Ridgeway, Mo.**
(c) Name of hospital or institution: **/**
(d) Length of stay: In hospital or institution **53 years**
In this community **53 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison #1**
(c) City or town **Rural**
(d) Street No. **5 miles S. E. of Ridgeway, Mo.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Samuel Hiram Hagan**

(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Hannah Elizabeth Hagan** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **April 17 1881**

8. AGE: Years **66** Months **4** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Mercer county, Missouri.**

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob Hagan** 13. Birthplace **Pennsylvania**
14. Maiden name **Cla ra Yatter** 15. Birthplace **Iowa**

16. (a) Informant **Hannah Elizabeth Hagan**
(b) Address **RFD # 3 Ridgeway, Missouri.**

17. (a) Burial (b) Date thereof **Sept. 10, 1947**
(c) Place: burial or cremation **Lloyd Cemetery**

18. (a) Signature of funeral director **E. J. Stoklasa**
(b) Address **Cainsville, Missouri.**

19. (a) **Sept. 28/47** (b) **S. P. Shaw**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **8** year **1947** hour **10** minute **---** P. M.

21. I hereby certify that I attended the deceased from **Sept. 1, 1947** to **Sept 8, 1947** that I last saw him alive on **Sept 7** and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma generalized, liver, head of pancreas, right lung, following Carcinoma of sigmoid colon (primary) operated by colostomy and colonic resection in Jan. 1947.**

Other conditions: _____

Major findings: _____
Of operations _____
Of autopsy **None made.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____
23. Signature **A. S. Bristow**
Address **Princeton, Missouri.** Date signed **9/10/47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

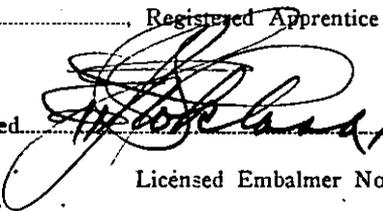
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 4/1/1

Eddie J. Stoklasa

Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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 this body is not embalmed, fact should be so stated above.