S. No. 300
v. 10.48

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

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27801

BIRTH NO. | REG. DIST. NO. 218 | PRIMARY REG. DIST. NO. 3054 | Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana 0821
d. STREET ADDRESS (If rural, give location): 619 Frankford Rd

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Amelia
c. (Last): Hagan

4. DATE OF DEATH (Month) (Day) (Year): Aug 23 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 7 - 1866
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months: 11 | Days: 12 | IF UNDER 1 HRS. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Adair Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: M. M. Fuller
13b. MOTHER'S MAIDEN NAME: Nancy Myers
14. NAME OF HUSBAND OR WIFE: Charley Hagan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Frank Hagan | **ADDRESS**: Wentzville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) " Cardiac Asthma - — " "

DUE TO (c) " Arterio Sclerosis - — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 4-2-21 — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 24 -, 1949, *to* Aug. 23, 1950, *that I last saw the deceased alive on* Aug. 23, 1950, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE ROBERT L. ANDRAE, M. D. (Degree or title): Robert L. Andrae M.D.
23b. ADDRESS: 216 Georgia St Louisiana, Mo
23c. DATE SIGNED: 8-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 25 1950
24c. NAME OF CEMETERY OR CREMATORY: Bowling Green
24d. LOCATION (City, town, or county) (State): Bowling Green Mo

DATE REC'D BY LOCAL REG.: Aug 24, 1950
REGISTRAR'S SIGNATURE: Berniece Collier
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Banfhead | **ADDRESS**: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 5 19
DISTRICT HEALTH OFFICE #
District File Number 9-50-
Date Filed: SEP 7 1950

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 .....
Student Embalmer

Signed Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, K

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.