

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 555

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 3012 Registrar's No. 3

242

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

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Expelsior Springs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Expelsior Springs</i>	
c. LENGTH OF STAY (in this place) <i>11 days</i>		d. STREET ADDRESS (If rural, give location) <i>314 N. E. Ave</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Expelsior Springs Hosp</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>CORA</i> b. (Middle) <i>FLORENCE</i> c. (Last) <i>HAGAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 2-1951</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 30-1880</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>House Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Mountain Grove MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Joel P. O'fley</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Melton</i>	14. NAME OF HUSBAND OR WIFE <i>Chas H. Hagan</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr Chas H. Hagan Exp Springs Mo.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hypostatic pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Thrombosis</i> DUE TO (c) <i>Hypertension & arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fractured hip, left</i>			

19a. DATE OF OPERATION <i>12/19/50</i>	19b. MAJOR FINDINGS OF OPERATION <i>Impacted intrtrochanteric Fr of left femur</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/15*, 19*50*, to *2 Jan*, 19*51*, that I last saw the deceased alive on *2 Jan*, 19*51*, and that death occurred at *9:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>George E. Sanders M.D.</i>	23b. ADDRESS <i>Expelsior Springs Mo</i>	23c. DATE SIGNED <i>3 Jan 1951</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>1-4-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Cntry</i>	24d. LOCATION (City, town, or county) (State) <i>Expelsior Springs Mo.</i>
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DATE REC'D BY LOCAL REG. <i>1/4/51</i>	REGISTRAR'S SIGNATURE <i>Baroline Dutchings</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hope Funeral Home - Exp Springs Mo.</i>
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JAN 29 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
Student Embalmer.

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs M

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.