

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32482**

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>	
c. LENGTH OF STAY (in this place) <u>54 years</u>		d. STREET ADDRESS (If rural, give location) <u>401 Lincoln Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 Lincoln Street</u>		d. STREET ADDRESS (If rural, give location) <u>401 Lincoln Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James William</u> b. (Middle) <u>Socrates</u> c. (Last) <u>Hagan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7 1862</u>	9. AGE (In years last birthday) <u>88</u>	10. <u>11</u> MONTHS <u>19</u> DAYS	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco Emp.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>J. H. Hagan</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Elizabeth Hagan</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fay Badger</u>	ADDRESS <u>Monett, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334x</u>	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., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-20, 1951, to 9-26, 1951, that I last saw the deceased alive on 9-26, 1951, and that death occurred at 5:27pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Kern MD</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>9-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-28-51</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mercer Funeral Home</u>	ADDRESS <u>Monett Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3051

~~DIVISION OF HEALTH OF MD.
District No. 5 - Springfield
RECEIVED OCT 16 1951
Dist. File _____
Date Filed _____~~

~~DIVISION OF HEALTH OF MD.
District No. 5 - Springfield
RECEIVED OCT 16 1951
Dist. File _____
Date Filed _____~~

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield
RECEIVED OCT 16 1951
Dist. File 1637-1822
Date Filed 10-27-51

OCT 22 1951

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 Roy H Mercer
Licensed Embalmer No. 4432

P. O. Address Monett, 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 this body is not embalmed, fact should be so stated above.