

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9097

State File No.

No. 300
V. 10.48

FILED APR 4 1952 BIRTH NO. 15742 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 96

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1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 1310 Lindell Ave.	

3. NAME OF DECEASED (Type or Print) WILLIAM JOSEPH HAGAN, Jr.			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1952			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 10, 1952	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. Joseph Hagan	13b. MOTHER'S MAIDEN NAME Emma F. Fugate	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME W. J. Hagan, 1310 Lindell, Hannibal	ADDRESS -----
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital defect		
	ANTECEDENT CAUSES Transposition of great vessels of heart		
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ----- DUE TO (b) ----- 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	20. AUTOPSY? 7544 YES <input checked="" type="checkbox"/> NO <input 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 3/11, 1952, to 3/12, 1952, that I last saw the deceased alive on 3/12, 1952, and that death occurred at 1:23a m., from the causes and on the date stated above.

23a. SIGNATURE B. L. Murphy, M.D. (Degree or title)	23b. ADDRESS Hannibal, Missouri.	23c. DATE SIGNED 3/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/13/52	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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DATE REC'D BY LOCAL REG. 3-29-52	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Mc Fisher	25. FUNERAL DIRECTOR'S SIGNATURE Ruthy A. Schwarz	ADDRESS Hannibal Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 1 1952
HEALTH DEPT.
DATE FILED APR 6 1952

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 _____

Jack Schwartz

Student Embalmer No. 440

working under my personal supervision.

Student *Jack Schwartz*
Student Embalmer

Signed *Paul E. Schwartz*

Licensed Embalmer No. 2338-7

P. O. Address Hannibal, 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.