

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1952

State File No. _____
Registrar's No. 71

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		State File No. _____		Registrar's No. <u>71</u>					
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conception Junction Mo.</u>									
c. LENGTH OF STAY (In this place) <u>3 days</u>				d. STREET ADDRESS (If rural, give location) <u>0740</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Edward</u>			b. (Middle) _____			c. (Last) <u>Hagan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 10 1952</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>June 24 1889</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Guilford, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Ashal Hagan</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Catherine Hagan</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. W. Reidinger</u> ADDRESS <u>Conception Jct</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS.</u>	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>CEREBRAL ARTERIO SCLEROSIS</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>												<u>5 YRS.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____				21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>											
22. I hereby certify that I attended the deceased from <u>MAR 8</u> , 19 <u>52</u> , to <u>MAR 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>MAR 9</u> , 19 <u>52</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Chas. W. Reidinger</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>Conception Jct. Mo.</u>				23c. DATE SIGNED <u>3/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 12 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>				24d. LOCATION (City, town, or county) (State) <u>Conception, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>3-15-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy H. Phillips</u> ADDRESS _____							

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

MO

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.....

Leroy H. Phillips

Licensed Embalmer No. _____

1898

P. O. Address _____

Stonemary, Md

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.