

S. No. 380
v. 10
FILED SEP 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31180
State File No.

BIRTH NO. REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5415 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wood Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wood Twp.	
c. LENGTH OF STAY (If this place) 36 yrs		d. STREET ADDRESS (If rural, give location) Eight Miles South of Mt. Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION		Eight Miles South of Mt. Grove	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Laura			Aug 14 1952		
b. (Middle) ANGE LINE					
c. (Last) Hagan					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1897	9. AGE (In years last birthday) 53	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dora, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Hailey		13b. MOTHER'S MAIDEN NAME Lou Black		14. NAME OF HUSBAND OR WIFE Fred Hagan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Fred Hagan	
				ADDRESS Mt. Grove, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart disease		
	ANTECEDENT CAUSES Morbid 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 4-341	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from Dec. 1 - 1952, to Aug. 14 - 1952, that I last saw the deceased alive on Aug. 13 - 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Tom Fleming M.D.	(Degree or title) M.D.	23b. ADDRESS Mt. Grove Mo.	23c. DATE SIGNED Aug. 15 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 17 1952	24c. NAME OF CEMETERY OR CREMATORY Lone Star	24d. LOCATION (City, town, or county) (State) Mt. Grove, Mo.
DATE REC'D BY LOCAL REG. Sept 16-52	REGISTRAR'S SIGNATURE Vestal Bushman	25. FUNERAL DIRECTOR'S SIGNATURE Russell Baker	ADDRESS Mt. Grove

(Licensed Embalmer's Statement on Reverse Side)

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

34-277

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 Russell Baker.....

Licensed Embalmer No. 3848.....

P. O. Address Inter County, Ill.....

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.