

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8727**  
Registrar's No. **23**

FILED MAR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **5069**

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR RURAL TOWN <b>La. Ma. &amp; TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Schell City, 1080</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4. and 6. and 7. on H 71 from 160 Hwy</b>		d. STREET ADDRESS (If rural, give location) <b>Schell</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MITCHELL</b>	b. (Middle) <b>W.</b>	c. (Last) <b>HOAGLAND</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-6-1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 19, 1929</b>	9. AGE (In years last birthday) <b>23</b>	if UNDER 1 YEAR Months Days	if UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Kansas</b>	12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Hoagland</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>1953</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>U.S. Army Records</b>	ADDRESS
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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, ashenia, 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) <b>Schell Fracture</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Head on Collision Car Truck</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 <b>E 816 1 26</b>	20. AUTOPSY? YES <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 6th 53 8:30 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident from car into Truck on H 71 4.6 mi. north of 160</b>
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22. I hereby certify that I attended the deceased from **8:19 P.** to **8:30 P.**, 19 **53**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clarence W. Child, Colonel Retired</b>	23b. ADDRESS <b>Lamar Mo</b>	23c. DATE SIGNED <b>March 7, 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-9-53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Schell City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 17 1953</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carley Thompson</b>	ADDRESS <b>Neosho, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

260  
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APR 6 1958

APR 24 1958

**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 Clarence W. Chute

Licensed Embalmer No. 3473

P. O. Address Loma, 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.