

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10839

State File No. ....

APR 9 1953

BIRTH NO. ....

REG. DIST. NO. 273

PRIMARY REG. DIST. NO. 3051

Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville, Mo.		c. CITY OR TOWN Perryville	
c. LENGTH OF STAY (If this place) 4 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital		e. STREET ADDRESS (If rural, give location) 0791 E. Ste. Maries St.	
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Satrenes	
c. (Last) Hagan		4. DATE OF DEATH (Month) (Day) (Year) April 2, 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1867
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ambrose Hagan	
13b. MOTHER'S MAIDEN NAME Harriett Layton		14. NAME OF HUSBAND OR WIFE Elizabeth Hagan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Robert Hagan		ADDRESS Perryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) coronary atherosclerosis 40 yrs. 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201	
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) m.		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 29 March, 1953 to 2 April, 1953 that I last saw the deceased alive on 2 April, 1953 and that death occurred at 2:10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard D. Grayson, M.D.		23b. ADDRESS Perryville, Missouri	
23c. DATE SIGNED APR 4 1953		-	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1953	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-6-53 R56		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed.....  
*Edward L. Young*

Licensed Embalmer No. *2138*

P. O. Address *Pennington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.