

FILED NOV. 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36743

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 108

1. PLACE OF DEATH
 a. COUNTY Perry
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central Twp.
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Perry
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer
 d. STREET ADDRESS (If rural, give location) 0790

3. NAME OF DECEASED
 a. (First) Josephine b. (Middle) R. c. (Last) Hagan

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 26, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
March 5, 1861

9. AGE (In years last birthday) 92

UNDER 1 YEAR Months Days # UNDER 100 Hrs. 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)
Yocum, Texas

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Leander Reed

13b. MOTHER'S MAIDEN NAME
Theresa Moore

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Fred Brown, Perryville, RFD1, 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) Pneumonia - Lobar
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chrom - cardio-vascular
renal disease
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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)
442x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I, hereby certify that I attended the deceased from Nov 19 50, to Oct 26, 1953, that I last saw the deceased alive on Oct 25, 1953 and that death occurred at 8:20 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Ch. Curran MD

23b. ADDRESS
Perryville Mo

23c. DATE SIGNED
10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Oct. 29 1953

24c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State)
Perryville, Missouri

DATE REC'D BY LOCAL REG.
Oct 29 - 53

REGISTRAR'S SIGNATURE
Joseph J. Zellner

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Young & Sons Perryville Mo

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed... *Kellae Young*

Licensed Embalmer No. 4027

P. O. Address. Perryville

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.