

FILED FEB 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

363

State File No.

No. 300
10.48
 XC-965 FEB 37
 RN: 5901
 BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) 512 East First Street	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) C. c. (Last) FAGAN, JR.			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 2, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 1-12-25
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) MANSFIELD, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LABOR	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME EDWARD C. FAGAN, SR.		13b. MOTHER'S MAIDEN NAME FLORENCE ALLEN FAGAN	14. NAME OF HUSBAND OR WIFE DIVORCED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, POPLAR BLUFF, 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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRACRANIAL INJURIES ANTECEDENT CAUSES DUE TO (b) PROBABLE FRACTURE OF SKULL DUE TO (c) E9101 3 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF PELVIS; LACERATIONS OF SCALP, MULTIPLE CONTUSIONS; PROBABLE			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION INTRACRANIAL INJURIES.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM, NORWOOD, MO.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NORWOOD, WRIGHT COUNTY, MISSOURI	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? DEAD ON ARRIVAL LOGS ROLLED OFF TRUCK STRIKING DECEASED.	
22. I hereby certify that I attended the deceased from 2-2-54 , 19___, to 2-2-54 , 19___, from the causes and on the date stated above. 7:30P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Edward W. Cline, M.D.</i> EDWARD W. CLINE, M.D. (degree or title) County Health Officer		23b. ADDRESS POPLAR BLUFF, MO.	23c. DATE SIGNED 2-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-2-54	24c. NAME OF CEMETERY OR CREMATORY Wolf Creek	24d. LOCATION (City, town or county) (State) Mountain Grove, Mo.
DATE REC'D BY LOCAL REG. 2/5/54	REGISTRAR'S SIGNATURE <i>R. A. Murrell</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stable-Wood</i> ADDRESS with you	

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

RECEIVED
FEB 8 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Frank Hebble*

Licensed Embalmer No. *4140*

P. O. Address *Saty Grove, Va*

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.