

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9609

State File No.

BIRTH FILED MAR 30 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY OR TOWN <u>Rolla</u>		c. CITY OR TOWN <u>Salem</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u>			
e. STREET ADDRESS (If rural, give location) <u>Gen Delivery</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Florence</u>	b. (Middle)	c. (Last) <u>Fagan</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3/19/54</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 12 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		

13a. FATHER'S NAME <u>Andrew Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Mortimer</u>	14. NAME OF HUSBAND OR WIFE <u>Barney Fagan</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearlie Mounce</u>	ADDRESS <u>Salem Mo</u>
--	-----------------------------------	---	-------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>3 1/2 hours</u> <u>2 hrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-op. hip surgery</u>		
	DUE TO (c) <u>Fracture of right femur</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of right femur</u>			

19a. DATE OF OPERATION <u>3/18/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture right femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
		<u>033</u>
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 3-17, 1954, to 3-19, 1954 that I last saw the deceased alive on 3-19, 1954 and that death occurred at 9:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Union - Mo</u>	23c. DATE SIGNED <u>22-march</u>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Dent Co MO</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Mar. 22, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	3802	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Salem Mo</u>
---	--	------	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

3/24/57

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.....
Carl K. Jones

Licensed Embalmer No.

P. O. Address,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.