

FILED DEC 29 1955 STANDARD CERTIFICATE OF DEATH

State File No. 4044

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Worth County Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Worth

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City

c. LENGTH OF STAY (in this place) 20 years

c. CITY OR TOWN Grant City Mo

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION East part of Grant City Mo

e. STREET ADDRESS (If rural, give location) East Fourth Street

1125

3. NAME OF DECEASED
(Type or Print) a. (First) Robert b. (Middle) Clark c. (Last) Hagans

4. DATE OF DEATH (Month) (Day) (Year) December-9-1955

5. SEX Male

6. COLOR OR RACE white

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

8. DATE OF BIRTH December-3-1881

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Days 0 IF UNDER 1 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and State or Foreign Country) Worth County Missouri

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

13a. FATHER'S NAME John Hagans

13b. MOTHER'S MAIDEN NAME Allice Jobe

14. NAME OF HUSBAND OR WIFE Myrtle Hagans

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Hagans Grant City Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOEMBOLIC MEDULLARY FAILURE

INTERVAL BETWEEN ONSET AND DEATH MINUTES

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIAL FIBRILLATION & THROMBOSIS 6 MONTHS DUE TO (c) ARTERIO SCLEROSIS (CORONARY) YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMIPLEGIA & NYCTENSIAN 3 MONTHS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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)

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

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 JANUARY, 1953, to DEC 9, 1955, that I last saw the deceased alive on DEC 8, 1955, and that death occurred at 2:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard J. Smith D.O. 2

23b. ADDRESS GRANT CITY MO

23c. DATE SIGNED 12-12-55

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

24b. DATE December-10-1955

24c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery

24d. LOCATION (City, town, or county) (State) East of Isadora-Missouri

DATE REC'D BY LOCAL REG. 12-23-1955

REGISTRAR'S SIGNATURE Reta E. Dawson 345

FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Anderson Grant City 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 John Andrews....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews.....

Licensed Embalmer No. 42

P. O. Address Grant Co.

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.