

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2031

State File No. ....

BIRTH NO. 79352-55 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Princeton</b>		c. LENGTH OF STAY (in hospital or institution) <b>12 hrs</b>	c. CITY OR TOWN <b>Lindley Twp</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Axtell Hospital</b>		STREET ADDRESS (If rural, give location) <b>065-0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marlin Grayson</b> b. (Middle) <b>Hagan</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>1-27-56</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never</b>	8. DATE OF BIRTH <b>11-11-55</b>
9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>16</b>	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>baby</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co., Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Raycel Hagan</b>	
13b. MOTHER'S MAIDEN NAME <b>Ruby Brown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raycel Hagan</b> ADDRESS <b>Mercer, Mo</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Portal Cirrhosis of the liver</b>  ANTECEDENT CAUSES DUE TO (b) <b>Absence of bile passages</b> DUE TO (c) <b>Chronic hepatitis</b>  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"/>
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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		21g. <b>7562</b>
22. I hereby certify that I attended the deceased from <u>1-27-</u> , 19 <u>56</u> , to <u>1-27-</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-27-</u> , 19 <u>56</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Waugland L. Pearce D.O.</b>		23b. ADDRESS <b>Princeton Missouri</b>	23c. DATE SIGNED <b>2-4-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethel</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b>
DATE REC'D BY LOCAL REG. <b>2-6-56</b>	REGISTRAR'S SIGNATURE <b>Heel Moss</b> 393-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b> ADDRESS <b>Princeton, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul Snow*.....

Licensed Embalmer No. 263

P. O. Address *Funston*

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.