

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY OR TOWN <u>Jefferson-City</u> <small>(Outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (in this place) <u>24hrs</u>		c. CITY OR TOWN <u>Rocky-Mount</u>		d. Is Residence within limits of a city or incorporated town? <u>No</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St-Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1 1/2 mi - S - W - Rocky-Mount</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James-</u> b. (Middle) <u>FRANKLIN-</u> c. (Last) <u>HAGERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March-8 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>19 Nov - 1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State of Foreign Country) <u>Morgan-Co - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Aaron-Hagerman</u>		13b. MOTHER'S MAIDEN NAME <u>Emmat Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Never-MARRIED</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alpha-Howser - Rocky Mount 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns, body 3rd</u> INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT-Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rocky-Mount - Morgan - Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH-7-1956-8 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>PEROSENE-ON-Shirt-Lighting-Pipe</u>			
22. I hereby certify that I attended the deceased from <u>March 7, 1956</u> to <u>March 7, 1956</u> that I last saw the deceased alive on <u>March 7, 1956</u> and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hean O'Dayler M.D.</u>				23b. ADDRESS <u>Jefferson-City-Mo</u>		23c. DATE SIGNED <u>9 MARCH 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11 MARCH 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION-</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN-Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>9 Mar 1956</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>		ADDRESS <u>ELdon Mo</u>	

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

Student,
Signature of Student Embalmer

Signed *Keith McKays*

Licensed Embalmer No. *399*

P. O. Address *Eldon Mo*

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.