

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15190

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>30721</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall,</u>		04123	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Modern Rest Home Marshall Street</u>				d. STREET ADDRESS (If rural, give location) <u>464 W. Yerby</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>HAGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 14, 1865</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>		IF UNDER 12 HRS. Hours <u>---</u> Min. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Saline Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William S. Hagan</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Coffey</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grant Terrell</u>		ADDRESS <u>Marshall, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Aug 1955</u> to <u>April 1956</u> , that I last saw the deceased alive on <u>April 11, 1956</u> , and that death occurred at <u>11:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James C. Reed, M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>4-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-56</u>		REGISTRAR'S SIGNATURE <u>Clair G. Reed, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

29

**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 \_\_\_\_\_

*Harry Hershberger*

Licensed Embalmer No. \_\_\_\_\_

*4357*

P. O. Address \_\_\_\_\_

*Marshall 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 this body is not embalmed, fact should be so stated above.