

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34504**  
Registrar's No. **(202) 202**

BIRTH NO. _____		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>3028</b>		Registrar's No. <b>(202) 202</b>		
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY OR TOWN <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>2 Mo.</b>		c. CITY OR TOWN <b>Carthage</b>		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 <b>McCune Brooks Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>300 N. Main St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>			b. (Middle) <b>E. F.</b>		c. (Last) <b>Fagnan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-27-56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-4-1882</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retd. Rail Road</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gang Worker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nettie Tolly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>338-14-2483</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fagnan</b>		ADDRESS <b>Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>18 hr</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive Cardiovascular D.</b>							
	DUE TO (c) <b>Chronic glomerulonephritis</b>							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>congestive heart failure</b>					<b>Weeks</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>					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)				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:20A m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>[Signature]</b>			23b. ADDRESS <b>M.D. Carthage, Missouri</b>		23c. DATE SIGNED <b>9-29-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>9-29-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ULMER FUNERAL HOME</b>		ADDRESS <b>CARTHAGE, MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Esper County Health Office

County File Number 56-16-293

Date Filed OCT 15 1956

OCT 17 1956

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Edwin C. [Signature]*

Licensed Embalmer No. 44

P. O. Address [Signature]

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.