

FILED JUN 14 1957

## STANDARD CERTIFICATE OF DEATH

Registration District No. 156Primary Registration District No. 2001STATE FILE NUMBER 57 017 376Registrar's No. 267

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Length of stay in lb <b>30 YRS</b>	
d. STREET ADDRESS <b>2619 VANDALIA AVE</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>LANCASTER</b> Last <b>HAGAN</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>31</b> Year <b>1957</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 12, 1904</b>
9. AGE (In years last birthday) <b>52</b>		10. FUNDER 1 YEAR Months <b>5</b> Days <b>2</b>	11. IF UNDER 24 HRS. Hours <b>5</b> Min. <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SERVICEMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GAS SERVICE CO.</b>	11. BIRTHPLACE (City and state or country) <b>LOUISVILLE, KY.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>MABEL HAGAN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS. MABEL HAGAN, 2619 VANDALIA AVE.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Pneumonia &amp; Pericardial Fatula Following Gastroscopy</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Structural lesion of penetration into Pericard</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>5411</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>5 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED.. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>January, 1951</u> to <u>May 31, 1957</u> and last saw <sup>her</sup> him alive on <u>May 31, 1957</u> Death occurred at <u>3:55 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph A. Schulte</i> Schulte, J. D.		22b. ADDRESS <b>2125 Jackson Ave, Joplin, Mo</b>	
22c. DATE SIGNED <b>6/3/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>6-3-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>	
23d. LOCATION (City, town, or county) <b>JOPLIN, MISSOURI</b>		(State)	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-57</b>	
26. REGISTRAR'S SIGNATURE <i>Dove Merriman</i>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number 57-6-482  
Date Filed JUN 12 1957

AUG 7 1957  
AUG 12 1957

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 F. M. Jones .....

Licensed Embalmer No. 2319 .....

P. O. Address Joplin, 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.