, Health,
& Welfare
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FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35846

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4521

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's Hospital — Length of stay in 1b 1 Month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kans. b. COUNTY Johnson
c. CITY OR TOWN Overland Park — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 7720 Floyd Ave — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Hortense Middle: Elizabeth Last: Hagan
4. DATE OF DEATH Month: Sept Day: 28 Year: 1957
5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/27/1892
9. AGE (In years last birthday): 65 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and state or country): Boonville, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Dr. James W. Hagan
13b. MOTHER'S MAIDEN NAME: Annie Smith
14. NAME OF HUSBAND OR WIFE: ———
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT: D.W. Hagan (Bro.) Address 7720 Floyd Overland Park, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: PRIMARY
IMMEDIATE CAUSE (a) Adenocarcinoma of colon c generalized metastasis — 18 month.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ———
DUE TO (c) ———
153X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of breast - 6 yr. Hypertensive vascular disease 10 yr.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 1 Nov 1947 to 28 Sept 1957 and last saw her/him alive on 27 Sept 1957
Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Blaine Z. Hibbard M.D. (Degree or title)
22b. ADDRESS 411 Nichols Rd KCMo
22c. DATE SIGNED 28 Sept 57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 30, 1957
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR: D.W. Newcomer's Sons — ADDRESS: 1331 Brush Creek Kansas City Mo.
25. DATE RECD. BY LOCAL REG.: 9-30-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(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

Blaine Z. Hibbard

DEC 4 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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K C 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.