Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013314

STATE FILE NUMBER 1671

REC'D APR 20 1959 Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) V A HOSPITAL — Length of stay in Hospital: 25 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Benton
c. CITY OR TOWN Warsaw 0698 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LEONARD Middle L. Last HAGAN Sr.

4. DATE OF DEATH Month April Day 2 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH October 3, 1892
9. AGE (In years last birthday) 66 — 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) Railroad worker, retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Hagan
13b. MOTHER'S MAIDEN NAME Lydia Stone
14. NAME OF HUSBAND OR WIFE Roma L. Hagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. none
17. INFORMANT VA Hospital Official Records, K. C. Mo. Address

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:
IMMEDIATE CAUSE (a) Acute peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Perforation, terminal ileum
DUE TO (c) Recent resection right colon for carcinoma

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1530

19. WAS AUTOPSY PERFORMED? YES [X] 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 March 8, 1959, to April 2, 1959 ~~and last saw him alive on~~
Death occurred at 6:52 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. WILLIAMS, M.D. (Degree or title) A. J. Williams M.D.
22b. ADDRESS VA Hospital Official Records, K.C. Mo.
22c. DATE SIGNED 4-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE April 4, 1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) Kansas City, Missouri (State) Mo.

24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K. C., Mo.
25. DATE RECD. BY LOCAL REG. 4-2-59
26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed James W. Earp

Licensed Embalmer No. 4622

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.