

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

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FILED VS NOV 3 1960

-60-038797

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 137 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFF.</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CRYSTAL CITY</u>		Length of stay in 1b		c. CITY OR TOWN <u>CRYSTAL CITY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>402 JEFFERSON</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>402 JEFFERSON</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED First Middle Last <u>GEORGE R. HAGAN</u>				4. DATE OF DEATH Month Day Year <u>10-22-60</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-11-1881</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of last year) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G.CO.</u>		11. BIRTHPLACE (City and state or country) <u>PERRY COUNTY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>EVA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) <u>NONE</u>				16. SOCIAL SECURITY NO. <u>489-03-3727</u>		17. INFORMANT Address <u>MRS. EVA HAGAN CRYSTAL CITY, MO.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic bronchial asthma (intrinsic)</u>										INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 WORK <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>April 1, 1940</u> to <u>October 22, 1960</u> and last saw him ^{xxx} live on <u>October 22, 1960</u> Death occurred at <u>10:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>John F. Rutledge MD</u>						22b. ADDRESS <u>Festus, Mo.</u>			22c. DATE SIGNED <u>10/24/60</u>		
23a. BURIAL, CREMATION, etc. (Specify) <u>BURIAL</u>		23b. DATE <u>10-25-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC</u>			23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MISSOURI</u>				
24. FUNERAL DIRECTOR ADDRESS <u>ENTRY R. POLITTE CRYSTAL CITY, MO.</u>						25. DATE RECD. BY LOCAL REG. <u>10-24-60</u>		26. REGISTRAR'S SIGNATURE 			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gentry R. Pol

Licensed Embalmer No. 34
P. O. Address Ampt

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.