

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018397

AMENDED Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 20 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 25 1961

1. PLACE OF DEATH
 a. COUNTY Newton
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Stella Length of stay in Ib 5 days
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Mem. Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY McDonald
 c. CITY OR TOWN Noel Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Ben. L. Hoagland 3 11 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-18-86 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months 2 Days 23 IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (City and state or country) Lawrence Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John W. Hoagland 13b. MOTHER'S MAIDEN NAME Erymina Lyon 14. NAME OF HUSBAND OR WIFE Nerva Hoagland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Nerva Hoagland Address Noel, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) acute myocardial dilatation INTERVAL BETWEEN ONSET AND DEATH 2 day
 DUE TO (b) acute debility due to 7 day
 DUE TO (c) severe hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

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 Month, Day, Year
 a.m. p.m.

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 1-5-59 to 3-11-61 and last saw ^{her} him alive on 3-11-61
 Death occurred at 4:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D.D. Fountain DO 22b. ADDRESS Noel, Mo 22c. DATE SIGNED 4/14/66

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-13-1961 23c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery 23d. LOCATION (City, town, or county) (State) Anderson Mo.

24. FUNERAL DIRECTOR Humphrey & Son ADDRESS Noel, Mo. 25. DATE RECD. BY LOCAL REG. 4-18-61 26. REGISTRAR'S SIGNATURE Mildred Moberly

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.