

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011582

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 194

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 10 1962

1. PLACE OF DEATH
 a. COUNTY **Jasper**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joplin** Length of stay in lb **3 Mo's & 25 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA St. John's Hospital** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2618 Kentucky Ave.** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jasper**
 c. CITY OR TOWN **Joplin** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2618 Kentucky Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ERIC** Middle **BRAD** Last **FAGAN**
 4. DATE OF DEATH Month **April** Day **5** Year **1962**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced **Infant**
 8. DATE OF BIRTH **12-11-1962** 9. AGE (last birthday) IF UNDER 1 YEAR Months **3** Days **25** IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 10b. KIND OF BUSINESS OR INDUSTRY **Infant** 11. BIRTHPLACE (City and state or country) **Joplin, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Brad Fagan** 13b. MOTHER'S MAIDEN NAME **Jimmie Dean Beasley** 14. NAME OF HUSBAND OR WIFE -----
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Infant** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Brad Fagan, 2618 Kentucky, Joplin, Mo.** 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) **Anoxia**
 DUE TO (b) _____
 DUE TO (c) _____
 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 No 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 _____ 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 **birth** to **4-4-62** and last saw him alive on **4-4-62**
 Death occurred at **app. 4 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature] MD** 22b. ADDRESS **1923 Sergeant** 22c. DATE SIGNED **4-5-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-6-1962** 23c. NAME OF CEMETERY OR CREMATORY **JACKSON CEMETERY,** 23d. LOCATION (City, town, or county) (State) **S. E. of Joplin, Missouri**

24. FUNERAL DIRECTOR **STEVE PARKER MORTUARY, JOPLIN, MISSOURI** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **4-5-1962** 26. REGISTRAR'S SIGNATURE **[Signature]**

VS 300 Rev. 4/59
 0499
 20499
 3
 4 0
 5 0
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 7 0
 8 1
 97620
 10
 11
 12 92-0
 13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Harvey E. Lane

Licensed Embalmer No. 1463

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.