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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5240

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 153

**1. PLACE OF DEATH:**

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community about 48 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry 5

(c) City or town Monett (If outside city or town limits, write "RURAL") 2

(d) Street No. 303 Cale St (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country none

3. (a) PRINT FULL NAME Sterling Efton Hagan

3. (b) If veteran, name war None

3. (c) Social Security No. 702-07-6586

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jeannette Hagan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 22, (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Sheet metal worker

11. Industry or business Individual

FATHER
12. Name James William S. Hagan
13. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ida Elizabeth Lauderdale
15. Birthplace Varnell Station (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Mrs. J. E. Badger

(b) Address 700 Frisco Ave., Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1946 (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem Monett Mo.

18. (a) Signature of funeral director Callaway's

(b) Address Monett, Mo.

19. (a) 2-20-46 (Date received local registrar) (b) B. W. E. Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 12th year 1946 hour 7 minute 40 P M.

21. I hereby certify that I attended the deceased from Feb 5, 1946, to Feb 12, 1946; that I last saw him alive on Feb 12, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Peritonitis - Exact cause undetermined | 12 days |
| Due to Pulmonary Edema | 24 hrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations Pelvic Peritonitis

Of autopsy 129

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo W Hogeboom (M. D. or other) 0

Address Springfield Mo Date signed 2-20-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1945

## 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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 this body is not embalmed, fact should be so stated above.**

X