

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39613

State File No. ....

BIRTH NO. .... REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 169

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>	c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY OR TOWN <u>Nevada - rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #3</u>	

3. NAME OF DECEASED (Type or Print) <u>Ralph</u>		a. (First)	b. (Middle)	c. (Last) <u>Hagerman</u>	4. DATE OF DEATH <u>October 22 1950</u> (Month) (Day) (Year)		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, <del>NEVER MARRIED</del> , <del>WIDOWED</del> , <del>SEPARATED</del> (Specify)	8. DATE OF BIRTH <u>December 9 - 1908</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fred Hagerman</u>	13b. MOTHER'S MAIDEN NAME <u>Hazel Whicker</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Hagerman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>511-03-5385</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elva Hagerman</u> ADDRESS <u>Nevada, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Head of Pancreas</u>	DUPLICATE (b) _____		<u>3 Mo.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUPLICATE (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>157X</u>

19a. DATE OF OPERATION <u>10/8/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma head of pancreas with liver metastases</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 6, 1950, to Oct 22, 1950, that I last saw the deceased alive on Oct 5 - 1950, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy H. Currier, M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>10/25/50</u>
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24a. BURIAL (Specify) _____	24b. DATE <u>October 25 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deepwood</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 31, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph H. Currier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u> ADDRESS <u>Nevada</u>
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 7 1950

Dist. File 1150-2258

Date Filed 11-18-50

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

L. B. Bittany  
Licensed Embalmer No. 1768

P. O. Address Harvard MA

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.