

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2556

State File No. ....

FILED FEB 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 14

871  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARBER</u> <u>0240</u>	
c. LENGTH OF STAY (In this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Pike County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) _____ c. (Last) <u>Hagan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3-30-1878</u>		9. AGE (In years last birthday) <u>74</u>		10. F UNDER 1 YEAR Months _____ Days _____	
11. F UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>SILEX, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>SILEX, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>PATRICK FLYNN</u>			13b. MOTHER'S MAIDEN NAME <u>SERENA ELDER</u>			14. NAME OF HUSBAND OR WIFE <u>LEE HAGAN (Dad)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pike Co. Hosp. Record</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of Heart</u>		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Hypertension</u> <u>with Hypertrophy</u> DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Medical Neglect, Cocaine</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>4222H</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		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 Jan. 18, 1953, to Jan. 26, 1953, that I last saw the deceased alive on Jan. 26, 1953, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>W. D. Coisieux, M.D.</u>		23b. ADDRESS <u>Ladsonia, Mo</u>		23c. DATE SIGNED <u>1-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 28 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladsonia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ladsonia, Mo</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 28, 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Willam Biedhoff</u>	

**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.

Student Embalmer No. ....

Signed Clyde C. Wilkey

Signed.....  
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Edwards, 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.