

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8451**

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6142** Registrar's No. **19**

1. PLACE OF DEATH
 a. COUNTY **Shelby**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **Rural - Lenton Twp**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo**
 b. COUNTY **Shelby**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Lenton Twp 1020**
 d. STREET ADDRESS (If rural, give location) **0**

3. NAME OF DECEASED
 a. (First) **ORPHA** b. (Middle) **MAE** c. (Last) **HAGAN**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Feb 13 - 1953

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
 8. DATE OF BIRTH **Dec-14 1879** 9. AGE (In years last birthday) **73** 9. AGE (In years last birthday) Months **1** Days **29** 9. AGE (In years last birthday) Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (State or foreign country) **Shelby Co. Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nathan P. Taylor** 13b. MOTHER'S MAIDEN NAME **Harriet E. Duncan** 14. NAME OF HUSBAND OR WIFE **Jim Hagan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **NO.** 17. INFORMANT'S SIGNATURE OR NAME **Jim Hagan** ADDRESS **Calverton Mo.**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage left side of brain**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arteriosclerosis**
 DUE TO (c) **Hypertension**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
18 hrs.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **331X** 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **2/13, 1953**, to **2/13, 1953**, that I last saw the deceased alive on **2/13, 1953**, and that death occurred at **7 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. P. Overaker** (Degree or Title) **MD** 23b. ADDRESS **Shelbina, Mo.** 23c. DATE SIGNED **2/18/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb 16 - 1953** 24c. NAME OF CEMETERY OR CREMATORY **Maplewood** 24d. LOCATION (City, town, or county) (State) **Calverton Mo.**

DATE REC'D BY LOCAL REG. **2-20-53** REGISTRAR'S SIGNATURE **Ada Garrison** 419 25. FUNERAL DIRECTOR'S SIGNATURE **E. P. Thompson** ADDRESS **Shelbyville Mo.**

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

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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....

E. P. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.