

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1954

BIRTH NO. ... REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Adair b. CITY Kirksville R. F. D. #2 c. LENGTH OF STAY since 1910 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Adair c. CITY OR TOWN Kirksville d. Is Residence within limits of a city or incorporated town? Yes No X e. STREET ADDRESS R. F. D. #2

3. NAME OF DECEASED a. (First) John b. (Middle) Andy c. (Last) Dagard 4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Aug. 21, 1881 9. AGE (In years last birthday) 72

10a. USUAL OCCUPATION Retired Miner 10b. KIND OF BUSINESS OR INDUSTRY Coal Miner 11. BIRTHPLACE Fongaso, Italy 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Valentine Dagard 13b. MOTHER'S MAIDEN NAME Josephine -- 14. NAME OF HUSBAND OR WIFE Carlotta Slecet Dagard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 490-10-7641 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carlotta Dagard, Kirksville, 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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusions (thrombosis) (b) Arteriosclerosis (c) Senility II. OTHER SIGNIFICANT CONDITIONS Acute bronchitis Myocardial decompensation INTERVAL BETWEEN ONSET AND DEATH Few hrs (several) (several) yrs Few days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES NO X

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) (M) (N) 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 (intermittently) Mar 1, 1951, to Jan 30, 1954, that I last saw the deceased alive on Jan 30, 1954, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Roderick D.O. 23b. ADDRESS Kirksville, Mo. 23c. DATE SIGNED 2-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/3/54 24c. NAME OF CEMETERY OR CREMATORY Highland Park 24d. LOCATION (City, town, or county) (State) Kirksville, Mo.

DATE REC'D BY LOCAL REG. 2-1-54 REGISTRAR'S SIGNATURE Kate Lambert FINANCIAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.

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

No. 300 10.48

old 1

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 *George W. Davalt*

Licensed Embalmer No. *479*

P. O. Address *Kirkwood*

**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.**