

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**257**

State File No. ....

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 119

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>49 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1801 Savannah Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bellis Nursing Home</u> <u>1801 Savannah Ave.</u>		0117 0	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>CLYDE</u>			a. (First)			b. (Middle)			c. (Last) <u>HAGAN</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 29, 1954</u>			
<b>5. SEX</b> <u>Male</u>			<b>6. COLOR OR RACE</b> <u>White</u>			<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>			<b>8. DATE OF BIRTH</b> <u>Mar. 27, 1883</u>			<b>9. AGE</b> (In years last birthday) <u>70</u>			
IF UNDER 1 YEAR Months			IF UNDER 1 YEAR Days			IF UNDER 1 YEAR Hours			IF UNDER 1 YEAR Min.			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Contractor</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Lees Summit, Mo.</u>							

<b>13a. FATHER'S NAME</b> <u>James F. Hagan</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Elizabeth Winborn</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Betha Hagan</u>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>499-20-3698</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. J. W. Dalton</u>				<b>ADDRESS</b> <u>St. Joseph, Mo.</u>			
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of the right kidney</u>		DUE TO (a) <u>metastases to the colon of retroperitoneal tissue.</u>						<u>unk</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>retroperitoneal tissue.</u>						<u>unk</u>	
		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		<u>Exploratory laporotomy was performed 12-30-53 at Ellis-Fischel State Ca. Hosp. at Columbia, Mo.</u>							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>180 X</u>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** 6-7, 1953, to 1-29, 1954, **that I last saw the deceased alive on** 1-29, 1954, **and that death occurred at** 7<sup>30</sup> A.m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>H. F. Mundy M.D.</u>		<b>23b. ADDRESS</b> <u>2801 Sacramento St. Joseph; Mo.</u>		<b>23c. DATE SIGNED</b> <u>2/2/54.</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Feb. 1, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Auburn Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 5, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Kathleen M. Allison</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Barry Funeral Home</u>		<b>ADDRESS</b> <u>St. Joseph</u>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address *St Joseph m*

**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.