No. 300
10.48

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

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22882

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 214

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ELIZABETH HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MONROE CITY 0690,
d. STREET ADDRESS (If rural, give location): 523 CLEVELAND ST.

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): LEE
c. (Last): HAGAN

4. DATE OF DEATH (Month) (Day) (Year): 7-27-1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 2/10/1883

9. AGE (In years last birthday): 72 — If under 1 year: Months 5, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: PATRICK MUDD

13b. MOTHER'S MAIDEN NAME: HATTIE LEE MUDD

14. NAME OF HUSBAND OR WIFE: FRANK 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.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Mrs Charles Hays — ADDRESS: Monroe City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 30 yrs.
DUE TO (c): — H 201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —

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): — m.
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* July 24, 1955, *to* July 27, 1955, *that I last saw the deceased alive on* July 27, 1955, *and that death occurred at* 10:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles R. Johnson (Degree or title): MD
23b. ADDRESS: 211 No. Main Monroe City Mo.
23c. DATE SIGNED: 7-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/30/55
24c. NAME OF CEMETERY OR CREMATORY: ST. STEPHENS
24d. LOCATION (City, town, or county) (State): INDIAN CREEK Mo.

DATE REC'D BY LOCAL REG.: 8-1-55
REGISTRAR'S SIGNATURE: Dr. Em Lucke By W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Harold Garner — **ADDRESS**: Monroe City

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 8 - 1965
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 - 1965

AUG 16 1965

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.