

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22962

FILED AUG 9 - 1955

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5800 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY OR TOWN Rural Monroe Township		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) R.R. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Monroe City Mo			

3. NAME OF DECEASED (Type or Print)	a. (First) Agnes	b. (Middle) Bernice	c. (Last) Hagan	4. DATE OF DEATH (Month) (Day) (Year) 7-25-1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/20/1913	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 (City and State or Foreign Country) Atlanta, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Grace Mettes	13b. MOTHER'S MAIDEN NAME Mary Pike	14. NAME OF HUSBAND OR WIFE Roy Hagan, RR #1
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Hagan, RR #1, Hannibal, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Few seconds
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRAUMATIC HEAD INJURY - GUNSHOT		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9195		

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION 43	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MONROE TOWNSHIP MONROE MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 25 1955 7:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? GUN ACCIDENTALLY FIRED
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22. I hereby certify that I attended the deceased from **and** **pronounced the deceased dead on July 25, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p. m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Charles R. Johnson MD	23b. ADDRESS 211 No. Main - Monroe City, Mo.	23c. DATE SIGNED 8-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/55	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk.	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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DATE REC'D BY LOCAL REG. 8-3-55	REGISTRAR'S SIGNATURE Edna Robertson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Michael J. O'Donnell Hannibal Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0640

1956 8 9

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 *Michael J. G. O'Neill*

Licensed Embalmer No. *324*

P. O. Address *Hamlet*

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.