

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1955

5189 State File No. 25548

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 40TY Registrar's No. 1188

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY CAPE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CAPE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RED # 3 - NOXON TOWNSHIP | | c. CITY OR TOWN CHAFFEE | |
| c. LENGTH OF STAY (in this place) 1 year | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CHAFFEE | | e. STREET ADDRESS (If rural, give location) RED # 3 0160 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) AUGUSTA c. (Last) FAGAN | | 4. DATE OF DEATH (Month) (Day) (Year) AUG 14 1955 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH DEC. 27. 1912 |
| 9. AGE (In years last birthday) 43 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 11. BIRTHPLACE (City and State or Foreign Country) BLOMERYA MO | 12. CITIZEN OF WHAT COUNTRY? USA |
| 10a. USUAL OCCUPATION | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE | |
| 13a. FATHER'S NAME C. A. FAGAN | | 13b. MOTHER'S MAIDEN NAME MINNIE PROSSER | |
| 14. NAME OF HUSBAND OR WIFE ✓ | | 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. 487-18-1746 | | 17. INFORMANT'S SIGNATURE OR NAME M. G. C. Fagan Blomeya Mo ADDRESS Blomeya 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) Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 4 yrs ANTECEDENT CAUSES DUE TO (b) Carcinoma of heart Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS 170X. Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of heart | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from Feb , 1954, to 14 Aug 1955 , that I last saw the deceased alive on 13 Aug, 1955 , and that death occurred at _____ m., from the cause and on the date stated above. | |
| 23a. SIGNATURE H. Washley Jr. M.D. (Degree or title) | | 23b. ADDRESS Cape Girardeau Mo | |
| 23c. DATE SIGNED 16 Aug 55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) B. | |
| 24b. DATE Aug 17-1955 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem | |
| 24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Hubbs Hubbs Funeral Home ADDRESS _____ | |
| DATE REC'D BY LOCAL REG Aug 23 55 | | REGISTRAR'S SIGNATURE L. L. Deabough 518 | |

(Licensed Embalmer's Statement on Reverse Side) CHAFFEE MO.

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

SEP 20 1955

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
Licensed Embalmer No. 381
P. O. Address

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.