

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5290**

FILED MAR 2 1956

BIRTH NO. **88899-55** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural (Brookings Twp)		c. LENGTH OF STAY (in this place) 3 mon.	c. CITY OR TOWN Hickman Mills
d. FULL NAME OF HOSPITAL OR INSTITUTION Hickman Mills R R 6		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R R 6 Hickman Mills	

3. NAME OF DECEASED (Type or Print) a. (First) Vickie b. (Middle) Lee c. (Last) Hagerman			4. DATE OF DEATH (Month) (Day) (Year) Jan 27, 1956		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct 25, 1955		9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 2 IF UNDER 1 WRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Missouri (Rural)	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Vernie E. Hagerman, Jr		13b. MOTHER'S MAIDEN NAME Jacquelyn Brooke		14. NAME OF HUSBAND OR WIFE None	
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernie E. Hagerman Jr Hickman Mills	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation (accidental)			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Debility			1 mo
		DUE TO (c) Malnutrition			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **(Emergency)** to **Jan 27 1956**, that I last saw the deceased alive on **no**, 19**56**, and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. A. Randall D.C.		23b. ADDRESS 9124 E. 50 Hwy K.C., Mo.		23c. DATE SIGNED 1-27-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 1-30-56		24b. DATE 1-30-56		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
DATE REC'D BY LOCAL REG. 1-30-56		REGISTRAR'S SIGNATURE [Signature]		24d. LOCATION (City, town, or county) (State) K.C. Mo.	

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS, INC. KC, MO	
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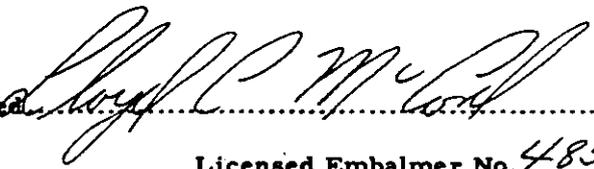
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 485
P. O. Address K. C.

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.