

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44517

State File No. \_\_\_\_\_

FILED DEC 24 1956

BIRTH NO. 94220-56 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4572 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>Branson</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>N. 65-1/2 Highway 1060</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>None</u> b. (Middle) <u>None</u> c. (Last) <u>Hager</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-12-56</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>3</u> Hours <u>3</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Branson MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Hager</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Hager</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melba Hager</u> ADDRESS <u>Branson MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive bilateral pulmonary atelectasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Congenital anomalies</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>wetral atoni &amp; cystic bladder and ureters</u> 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		7593	
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) (Min.)	
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 <u>12-12</u> , 19 <u>56</u> , to <u>12-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-12</u> , 1956, and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jed D. Bennett M.D.</u> (Degree or title)		23b. ADDRESS <u>Branson, MO.</u>	
23c. DATE SIGNED <u>12-14-56</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>12-13-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Branson</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>	
DATE REC'D BY LOCAL REG. <u>12-17-56</u>		REGISTRAR'S SIGNATURE <u>Reuben Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel L. Home</u>		ADDRESS <u>Branson MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

514  
x

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Minnie J. Whelahan  
Licensed Embalmer No. 227

P. O. Address Branson

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.