

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-027317**  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 854

**DO NOT WRITE ON THIS STUB**

**AMENDED**

VS 300  
Rev. 4/59

1 5117

2 0310

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4 1

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9 4200

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12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

**FILED JUL 17 1963**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in lb <b>34 years</b>	c. CITY OR TOWN <b>Altamont</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 2</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>State Hospital No. 2</b>
3. NAME OF DECEASED (Type or print) <b>Frances Hager</b>		First Middle Last	4. DATE OF DEATH Month Day Year <b>7 9 63</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>	9. AGE (last birthday) <b>84</b>
11. BIRTHPLACE (City and state or country) <b>U.S.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>--</b>		13b. MOTHER'S MAIDEN NAME <b>--</b>	
14. NAME OF HUSBAND OR WIFE <b>Widowed</b>		17. INFORMANT <b>Record of State Hospital #2</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a) through (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho-pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>		<b>over 1 yr.</b>	
DUE TO (c) <b>General arteriosclerosis</b>		<b>over 1 yr.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>6-1-61</b> to <b>7-9-63</b> and last saw her/him alive on <b>7-9-63</b> Death occurred at <b>3:15</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clifton Smith</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>State Hospital No. 2</b>	
22c. DATE SIGNED <b>7-9-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <b>7/11/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Kirksville College</b>	
23d. LOCATION (City, town, or county) <b>Kirkville, Mo</b>		23e. LOCATION (State) <b>Mo</b>	
24. FUNERAL DIRECTOR <i>John Rupp</i> ADDRESS <b>St. Joseph, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>July 11, 1963</b>	
26. REGISTRAR'S SIGNATURE <i>Miss Clark Goodell</i>			

**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,

by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John E. O'Connell*

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

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.

*Permit issued 7-10-63*