S. No. 300
Rev. 10.46

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

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27847

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Saline Township
c. LENGTH OF STAY (In this place): 98 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Huntington Mo RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Saline Township
d. STREET ADDRESS (If rural, give location): Huntington. Mo R.F.D.

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3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FENWICH
c. (Last): HAGAR.

4. DATE OF DEATH (Month) (Day) (Year): Aug 19 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 25 1851
9. AGE (In years last birthday): 98 — If under 1 year: Months 11, Days 25 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Farmer Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Farm.
11. BIRTHPLACE (State or foreign country): Ralls County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: James T Hagar.
13b. MOTHER'S MAIDEN NAME: Jane Lynch
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Roy Hagar — **ADDRESS**: Huntington Mo RFD.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 24 HOURS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CHRONIC NEPHRITIS — 5 YEARS.

DUE TO (c) 5 12X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE of FEMUR (R) — 6 YEARS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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): August 15 1944 AM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: FALL AT HOME

22. *I hereby certify that I attended the deceased from* Aug 15, 1944, *to* Aug 19, 1950, *that I last saw the deceased alive on* Aug 15, 1950, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. Kobbe O.M.D.
23b. ADDRESS: Monroe City Mo
23c. DATE SIGNED: 8/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-21-50
24c. NAME OF CEMETERY OR CREMATORY: Brush Creek Cem.
24d. LOCATION (City, town, or county) (State): Ralls Co. Missouri

DATE REC'D BY LOCAL REG. 8/21/50 — REGISTRAR'S SIGNATURE: Clyde Willey 267
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Wilson & Sons Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: AUG 2 3 1950
DISTRICT HEALTH OFFICE #3
District File Number 8-50-1384
Date Filed: AUG 2 5 1950

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 .....
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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 this body is not embalmed, fact should be so stated above.