

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39765

FILED NOV 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5977</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>POLK</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>POLK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ANDRICH RR</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ANDRICH</u>		<u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>				d. STREET ADDRESS (If Rural, give location) <u>RR # 2</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ED</u>		b. (Middle) <u>(NONE)</u>		c. (Last) <u>HAGAR</u>		(Month) (Day) (Year) <u>NOV. 9-1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 8-1883</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>ANDRICH - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIS HAGAR</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL RICE</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE JOHNSON</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>BUD HAGAR</u> ADDRESS <u>2424 N FREMONT ST. S.W. MO</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>chronic myocarditis</u>					
		DUE TO (c) <u>arteriosclerosis general with red thromboplegia</u>					
		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? <u>4221</u>		YES <input type="checkbox"/> NO <input 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 <u>11-8</u> , 19 <u>52</u> , to <u>11-9</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Daniel C. Balcar</u>				23b. ADDRESS <u>Walnut Grove Mo</u>		23c. DATE SIGNED <u>11-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Camp Ground</u>		24d. LOCATION (City, town, or county) (State) <u>Polk County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258-0</u>		ADDRESS <u>Daniel Walnut Grove Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1954

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.....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....  
Licensed Embalmer No. 4702  
P. O. Address *124 Grove - hno*

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.