No. 300
10.48

FILED JAN 13 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2638

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 10

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1411 Hurley Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burlington Junction
d. STREET ADDRESS (If rural, give location): None

**3. NAME OF DECEASED** (Type or Print)
a. (First): STELLA
b. (Middle): ELIZABETH
c. (Last): HAGEY

**4. DATE OF DEATH** (Month) (Day) (Year): January-8-1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July-7-1892
**9. AGE** (In years last birthday): 60 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Chariton Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Goodman Griffey
**13b. MOTHER'S MAIDEN NAME**: Ruella Crowdess
**14. NAME OF HUSBAND OR WIFE**: Albert Hagey
**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Albert Hagey
**ADDRESS**: Burlington Jct Mo.

**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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1-7-53 to 1-8-53

ANTECEDENT CAUSES

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

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS - *Conditions contributing to the death but not related to the disease or condition causing death.*: 4201

**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): Moberly Randolph Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.: —
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 1-7, 1953, *to* 1-8, 1953 *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 2:25 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. Smith MD
**23b. ADDRESS**: Moberly Mo
**23c. DATE SIGNED**: 1-8-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan-11-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Chariton Cemetery
**24d. LOCATION** (City, town, or county) (State): Chariton Missouri

**DATE REC'D BY LOCAL REG.**: 1-9-53
**REGISTRAR'S SIGNATURE**: Leola Williams
**25. FUNERAL DIRECTOR'S SIGNATURE**: Snow Funeral Home
**ADDRESS**: Moberly Mo.

(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 _____
Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.