

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24077

State File No.

FILED AUG 9 - 1954

BIRTH NO. ... REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salt Spring Twp.</u>		c. LENGTH OF STAY (in this place) <u>89 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Huntsville</u>		STREET ADDRESS (If rural, give location) <u>South of Huntsville</u> <u>0880</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Molly</u> b. (Middle) <u>Woodson</u> c. (Last) <u>Hagar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 12, 1865</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Woodson Hagar</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Francis Giles</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>Eddie Miles; R#3; Huntsville, Missouri</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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>1954</u> , to <u>July 21, 1954</u> , that I last saw the deceased alive on <u>July 20, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.E. Alexander M.D.</u> (Degree or title)		23b. ADDRESS <u>Chapman Hill M.D.</u>	
23c. DATE SIGNED <u>July 30, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-29-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mary H. Bentley</u> 482		ADDRESS <u>J.B. Patton Sons, Huntsville, Mo.</u>	

(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.....
Signature of Student Embalmer

Signed..... *Paul J. Patton*

Licensed Embalmer No. *409*

P. O. Address *Huntsville*

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.