

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

**34620**

State File No. \_\_\_\_\_  
Registrar's No. **3321**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>MARION</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>RALL'S</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Saline Township</b>	
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>HUNTINGTON Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ELIZABETH Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>WILLIAM ROY HAGAR</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>October 31 1954</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	
<b>8. DATE OF BIRTH</b> <b>October 14 1883</b>			<b>9. AGE</b> (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>17</b> Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Ralls County Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>James L. Hagar</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARtha J. DUGLAS</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Beata Bate Hagar</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Leona B. Hagar</b>	
<b>ADDRESS</b> <b>Huntington Mo.</b>					

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bronchogenic Carcinoma</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 MONTHS</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>NONE</b> DUE TO (c) _____				_____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>NONE</b>				_____	

<b>19a. DATE OF OPERATION</b> <b>NONE</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>NATURAL</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____					

**22. I hereby certify that I attended the deceased from Aug 31, 1954, to Oct. 31, 1954, that I last saw the deceased alive on October 20, 1954, and that death occurred at 5:30 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Charles R. Johnson M.D. 0</b>		<b>23b. ADDRESS</b> <b>211 No. Main - Monroe City</b>		<b>23c. DATE SIGNED</b> <b>Nov. 2, 1954</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Nov. 3<sup>rd</sup> 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Brush Creek Cemetery</b>	
<b>24d. LOCATION</b> (City, town or county) (State) <b>Ralls County Missouri</b>					

<b>DATE REC'D BY LOCAL REG.</b> <b>11/3/54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Wm Lucke By Mc Fisher</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>WILSON &amp; SONS</b>	
_____		_____		<b>ADDRESS</b> <b>MONROE CITY, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

0

**FILED NOV 12 1954**

NOV 9 1954

RECEIVED

MISSOURI DEPT. OF HEALTH

DATE FILED NOV 9 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 me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lester L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.