

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32388

State File No. \_\_\_\_\_

FILED OCT 31 1955

Registrar's No. 559

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. <u>559</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>					
b. CITY, (If outside corporate limits, write RURAL and give town) <u>Harvielle</u> <sup>rural</sup>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Beaver</u> <sup>(rural)</sup>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route one</u>				d. STREET ADDRESS (If rural, give location) <u>Route one</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH</u>		b. (Middle)		c. (Last) <u>HAGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 18, 55</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 5, 1872</u>			
9. AGE (In years last birthday) <u>82</u>		10. 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>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			
13a. FATHER'S NAME <u>Jack Lyle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Randle</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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 ADDRESS <u>Walter Hager Rtl Harvielle, Mo.</u>					
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12 Aug</u> , 19 <u>55</u> , to <u>18 Oct</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>30 Sept</u> , 19 <u>55</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Norman E. Wilis MD</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>21 Oct 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cochran</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County, Mo.</u>			
DATE REC'D BY LOCAL REG <u>10/24/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Richard O. Brown</u>		ADDRESS <u>Corning, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

RECEIVED  
OCT 27 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

**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

*Leslie D. Russell*

Licensed Embalmer No. 782

P. O. Address Corning, Ark.

**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.