

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

FILED APR 23 1956

State File No. **12394**

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____								
1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>				b. COUNTY <p align="center">Buchanan</p>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. LENGTH OF STAY (in this place) <p align="center">30 years</p>		c. CITY OR TOWN <p align="center">St. Joseph</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Hovey Nursing Home 110 S. 10th St.</p>				e. STREET ADDRESS (If rural, give location) <p align="center">1204 S. 24th St.</p>				DWT						
3. NAME OF DECEASED (Type or Print) <p align="center">NELL</p>			a. (First)			b. (Middle)			c. (Last) <p align="center">HAGERTY</p>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">April 11, 1956</p>		
5. SEX <p align="center">female</p>		6. COLOR OR RACE <p align="center">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">widowed</p>		8. DATE OF BIRTH <p align="center">December 10, 1874</p>		9. AGE (In years last birthday) <p align="center">81</p>		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">housework</p>				10b. KIND OF BUSINESS OR INDUSTRY <p align="center">own home</p>				11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Hamburg, Iowa</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>				
13a. FATHER'S NAME <p align="center">Marion Nichols</p>				13b. MOTHER'S MAIDEN NAME <p align="center">Sara Ann Burchfill</p>				14. NAME OF HUSBAND OR WIFE <p align="center">Granval T. Hagerty</p>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>				16. SOCIAL SECURITY NO. <p align="center">none</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Mr. Fred Doubledee, 2826 Penn. St., St. Joseph, Mo</p>								
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Acute Cardiac and Renal Failure</p> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">Chronic cardiac asthma</p> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <p align="center">3 days</p> <p align="center">Unk.</p>		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				4342		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 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>7/21</u> , 19 <u>55</u> , to <u>4/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>56</u> , and that death occurred at <u>11:30p.m.</u> , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <p align="center">H F Mandy M.D.</p>				23b. ADDRESS <p align="center">2801 Sacramento St. Joseph, Missouri</p>				23c. DATE SIGNED <p align="center">4/12/56</p>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">burial</p>		24b. DATE <p align="center">Apr 13, 1956</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Barnard Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Barnard, Missouri</p>								
DATE REC'D BY LOCAL REG. <p align="center">Apr 18, 1956</p>		REGISTRAR'S SIGNATURE <p align="center">Esther M. Allison</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Nestor Bowman</p>				ADDRESS <p align="center">St Joseph, Mo</p>						

(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. *James B. Hawkins*

Licensed Embalmer No. 48

P. O. Address 319 S. 10<sup>th</sup>

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.